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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL SCIENCE, CODES, AND PATHIES.

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The status of the New York State Medical Society, and the American Medical Association, on the question of medical ethics, is too well known and understood by the medical profession to need any recapitulation, nor are any comments necessary. The status is fully and definitely expressed by the resolutions, and articles of the codes, and by the action of the societies. But there is, beneath all this surface ebullition, a troubling of deeper waters, and I will mention that the two troubles of this kind are the interests of those specialists in the first place, who see money and emolument in the consultation with medical persuasions of various kinds, which are legalized to practice; and second, there is a troubling of therapeutical waters, the meaning and intention of which is to reconcile the science and empirical arts of the physician with the new phase of homœopathy.

I wish to be definitely understood in making an assertion that the physician has empirical arts, and that homœopathy has a new phase, and that there is an effort to bring these two into a reconciliation with each other. These efforts of reconciliation, as I have said, are being made by the specialists, and of course in the interests of specialists.

The publications which have a bearing upon this subject are quite numerous; but for present purposes, and as a fair illustration of the whole subject, I will refer to the lecture of Prof. Smith on the action of medicines, published in the *New York Medical Journal*, the organ of the new code, February, 1883. Before going further I will define the empirical arts of the physician, and the new phase of homœopathy.

By empiricism is meant, so far as therapeutics go, in the most general terms, nearly all that is expressed by the terms, as generally used—clinical experience, or clinical evidence, or clinical proof.

For instance, a patient has ague, and the clinician perscribes quinine. The patient takes the medicine, and the clinician notes that the rhythm which the disease manifested in all of its symptoms, and signs of heat, cold, perspiration, etc., is changed, and, for the time, the rhythm is so broken up that the clinical history records a cure of the disease.

Now, this experience is nothing more at present, so far as general theories go, than an empirical art, and the reason is that the cause of the fever is probably not a matter of science, and the action of the remedy is also unknown.

If the cause were known, and the action of the remedy was known to destroy the cause, then the matter would no longer be empirical, but would be a clinical fact in rational medicine, of a scientific character.

I need not essay any proofs of the fact that all clinical experience is at first entirely empirical, and that therapeutics or medicine only becomes a science by reason of the fact, and just in proportion as the causes of disease become known, and the action of remedies upon the causes become matters of actual knowledge.

I will now add to this proposition, what appears

to be a fact, that so far as real diseases are concerned—affections which involve a metamorphosis of tissue, and increased heat of the body—the cause is beginning to be known to be *contagium vivum*, and empirical medicine is becoming rational just in proportion as this truth is becoming verified, and in proportion as the effect of empirical remedies is found to be the effect of an antiseptic or disinfectant.

I think the use of sulphur in scabies is rational medicine, and I think the use of morphia for pain is quite empirical, or if it is not I am open to explanations and correction.

The distinction, then, between empirical and rational medicine, is very readily seen, and I will now quote the new platform and practice of homœopathy, and the grounds upon which the specialists are making an attempt to reconcile empirical medicine and this pathy (I suppose for the purpose of reconciling the general profession to the new code), will be very apparent.

THE LAW OF NATURE—THE EFFECT DIFFERS AS THE CAUSE.

When we make an estimate of the nature, and character, and action of any force, it is always necessary to estimate the factors of resistance to this force, if we are to have or obtain any satisfactory solution of any problem in physics, chemistry, physiology, or therapeutics. In medicine it is certain that a drug is never given except with the object of resisting some definite pathological action. When drugs are given in health, to test the physiological action of the drug, the action of the drug is not resisted by a pathological force, but is resisted by the physiological forces, and consequently the "proving" of a drug, under such circumstances, is necessarily fallacious. A drug may have a "proving," as a cathartic, when given in health, but if this drug is given in colitis, or peritonitis, the fallacy of such a method of proving will be apparent enough. Now, in the estimation of all forces, we always deal with resultants. It is the resultant of two opposing forces which we wish to find as the solution of every problem; and in formulating all such problems we find that the measure of the resultant equals the force and direction of the two initial forces. The specific effect of a drug varies according to its quantity, and it also varies according to the quantity and character of the resistance which it may have in the physiological or pathological forces of the body, to which it is antagonistic.

The tincture of rhubarb, given in small quantities, will act as a stimulant to the persistaltic action, and perhaps to the circulatory and secretory functions of the intestines. If there is a diarrhœa present, depending upon conditions which are antagonistic to the effect of stimulant doses of rhubarb, the resultant will be that the diarrhœa will be stopped. But now suppose the dose is increased so that the resultant is on the other side of the line which may be marked as 90°. The effect is catharsis. Now then, if we were always able to make a correct estimate of all the pathological conditions, and physiological conditions, which may exist at any given time in the intestines, as a factor which is to act as the opposing force to our rhubarb, we would have an exact science relating to the action of rhubarb in disease. Unfortunately, this thing is impossible at present, and the reason is that we do not, in all cases of constipation and diarrhœa, know the causes which produce these resultants, and our new resultants, which vary according to the dose of rhubarb, are made to have the greatest possible complexities in their character, and we know very well, clinically, that there is no definite result which always corresponds to a definite dose of rhubarb, in different clinical cases.

A definite estimate of the physiological action of a drug, or its proving, can only be based upon an assumption that the pathological forces and physiological forces (as therapeutical indications) are always equal, both in character and degree. If these forces differ in character they change the character of the resultant which is brought about by the action of the drug, and if these forces differ in degree they change the resultant also in different cases, if the dose is the same in different cases.

Now, I think it will not be disputed that a large part of empirical practice and homœopathic practice is based upon an attempt to estimate the character and extent of the pathological resultants of causes in disease, and the remedy is addressed to these resultants, with the result as would be expected from *a priori* standpoint, and which is proven, clinically, of getting as great a variety of resultants in the cure (?) as there are differences in the patients, or numbers of the patients. If it were possible to form any correct estimate of the character of the signs and symptoms, as well as their degree in different cases, there might be some science in this method of practicing medicine; but, obviously, this is impossible, and we always get just what we might expect in all cases, a great variety of resultants in the action of remedies. The remedies fail, or they act differently, or they do harm, or not much

good; the patient lives in spite of them, or he dies by their aid. In short, the empirical, or modern homœopathic practice of medicine, based upon the administration of medicine as indicated by the signs and symptoms, and the antagonism of drugs to these symptoms and signs, is the most unsatisfactory of all things to the thinking person, and exhibits the greatest amount of fallacies and failures in the sum of human ignorance, and its application in therapeutical misadventure.

Now, there is a very definite relation existing between empirical medicine, or the giving of drugs based on symptomatic indications and homœopathy. It is just as rational to meet these symptomatic indications by little doses as large doses—if the drug is a different one. Empirical medicine meets a therapeutical symptom by a certain drug which is antagonistic to this symptom (or is supposed to be) in a large dose, while the homœopath meets this same symptom by a drug which is squarely antagonistic in a small dose. Obviously the difference here is a difference in the name and nature of the drug only.

Now, to illustrate the point, we will suppose a patient has a symptom usually called headache. The empirical physician is called in and gives 30 grains of bromide of potash, because clinical experience has convinced him—taught him, that these two things are antagonistic. Clinically (for clinical observation is very fundamental in its relations to science), this is quite a universal remedy.

Now, the homœopath sees a patient with a symptom of the same character, and he prescribes a remedy based on clinical experience. He gives a small dose of nux vomica, perhaps frequently repeated.

So far as clinical experience goes, one of these methods is just as rational as the other. If both these clinicians should treat twenty cases each of this symptom of headache, there is no question (according to the laws of chance) but one would have as good results as the other.

But after practicing on this symptom for a few years, both the empirical doctor and the homœopath begin to make estimates of subjacent symptoms in headache. They look a little deeper into the antecedents of resultant symptoms—they draw nearer to the ultimate cause. They study the physiology of blood pressure, and the resistance of the elastic arterial coats, and the physiology of the vaso-motor and vaso-dilator nerves, and they begin to have a science of pathological action relating to the symptom of headache.

Now, we will say that both physicians are called to see another case of headache. They investigate some of the antecedent symptoms to this case of headache symptom, and determine that the antecedent is a vaso-motor paresis, with dilatation of the blood-vessels; and now we begin to have a demand and exercise of medical experience, and empirical and homœopathic skill. Both physicians address remedies to this condition, which clinical experience has proven to be antagonistic to it—at least in health—that utterly worthless method of "proving" or demonstrating the physiological action of a drug, for use in disease.

The empirical physician now prescribes teaspoonful doses of Squibb's ergot, and the homœopath gives small doses (at least they appear small to the public) of atropia.

So far as the clinical results go, there is no doubt but either one of these methods is as good as the other, and that the practice of the homœopath will be as successful as that of the empirical doctor, and that he will, if set down in a community, have more headaches to treat in his practice than the empirical doctor, for the reason that people would rather swallow a small dose of atropia every hour, than a big dose of ergot every three hours.

But these doctors now find another variety of headache. They both determine (perhaps in consultation in the city of New York) that this headache depends upon a spasm of the capillaries of the brain, or meninges, and they both prescribe. This time the empirical doctor gives large doses of atropia, and the homœopath gives small doses of ergot.

Now, again, so far as clinical results go, there is no doubt but one of these methods is just as good as the other, and, if other things are equal, one of them will cure as many headaches as the other will. The methods are each founded on clinical experience, and are both founded on "provings" of drugs in health, or on studies of the physiological action of drugs—not on pathological forces, but on physiological forces; and they are both equally good, clinically, and equally without value scientifically, so far as a rational conception of disease, and its cause and treatment can be understood, or must be understood, in order to make the practice of medicine a science.

From these data we draw inductions of how drugs act, both on physiological and pathological forces, and we will formulate these inductions, so as to get a compact idea of the matter before proceeding further.

We cannot conceive of the action of force except

as it is resisted by other forces. We cannot disconnect a simple manifestation of any force from all others, so as to observe its action alone, and without the factor of resistance. If this could be done, we would have an absolute force—an unconditional force, and we would arise to deistic conceptions, and deistic clinical experience, and hold in our embrace a veritable disembodied spirit, and begin to study the fourth dimension; and, in short, according to the current philosophies, we would understand the X, which now symbolizes the unknowable.

Now, two forces acting may act in a manner more or less antagonistic, or they may act together; in either case they produce a resultant which is the exact equivalent of both of the initial forces. Suppose we have forces which are unequal and antagonistic, the resultant may, perhaps, be represented by the mathematical expression of 45°. The unequal action of these forces may now be diminished in such a manner that the resultant points to 90°. Suppose, now, that the inequality is represented by an increased degree of the opposite initial force, and the resultant goes to 95°, and so on clear around the circle to 180°. In such an occurrence it is clear enough that the force of the resultants, above 90°, is equal and opposite to all those below 90°.

(*To be continued.*)

THE TREATMENT OF SPASMODIC DYSMENORRHŒA.

BY JNO. M. KEATING, M. D.,
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I do not know of a more unsatisfactory case to have on hand than that of a young girl, unmarried, just at puberty, with this form of disturbance, or one who has had it for several years, and has had associated with it the distressing embarrassment caused by the slightest allusion to the subject of her ailment, an extreme sensitiveness of the nervous system, hysterical hyperæsthesia, both physical and moral, which is caused by the long suffering and wear and tear of the system. I am sure that most physicians have experienced at some time the great difficulties of such a case. The fond parent, in bringing her daughter to you, expects you to *re-rail* the function which has jumped the track of painlessness and regularity, and yet fondly hoping that that it can be readily accomplished by a few doses of some magic drug, without the ordeal of the terrible examination which she has feared you will insist upon, and which has probably prevented the seeking of advice this long time. You know full well, as soon as you see the girl—the acne on her face, the muddy skin, or the chlorotic color, her languid air, or hysterical *nonchalance*, that further examination would not give you additional light. You hear the usual story of malaise headache, perverted appetite, the history of cramp, of scanty flow at the onset, irregularity in appearance of the period, and total disregard to the thorough emptying of the bowels. The mother will tell you in confidence that the pain at the period is only cured by a little gin or brandy, and your own experience shows you that the amount of such must necessarily be increased at each time, in order to completely dull the increasing sensitiveness of the nervous system.

Probably an examination would only reveal to you a remarkable accumulation within the lower bowel, the discovery of which could have been arrived at by logical deduction prior to any investigation. When a person has been taking brandy or gin for any length of time for this form of dysmenorrhœa, you may be assured that constipation exists.

The mother tells you that she endeavors to make her daughter prudent, but that she is irritable, unlike herself as of old, and the daughter most naturally dreads your inquisitiveness, and seeks to keep back by monosyllabic answers the true history of herself. The mother states that she "fears she will have spasms." Yes, they do use hot baths, ginger tea, hot vinegar, and finally the excited nervous system yields to free libations of hot gin and water, or a "little of the best brandy," and absolutely drugged, she will feel no pain or nausea and vomiting will end the cramp.

Do most physicians know that the prescription of morphia and chloral, of "bromidia," of chloroform mixture, which they write at the bedside of the girl writhing in agony from dysmenorrhœa from cold, etc., is renewed and renewed, is copied and carried from this place to that, is sent to friends, is recommended for sleeplessness, for neuralgic headaches, for nervousness, and for all the ills that flesh is heir to? The frightful proportions which the habit of self-dosing at each menstrual period has assumed, the fearlessness and frequency with which the hypodermic syringe is used, or the opium suppositories, shows that the habit is growing upon the community in the better classes, and that it needs at once most decided disapproval of the medical profession, who unfortunately are, in many cases, the innocent causes of the distressing evil, by thoughtlessly placing the weapon,

without caution, in the hands of those who will abuse it.

In the treatment of these cases I have lately adopted a plan that so far has met with success, and I wish some of my medical friends who have the opportunity to do so would make the trial also.

First of all, relieve the bowel of its contents, give a large dose of castor oil, and also see that the lower bowel is well emptied by an enema. By the use of enemata you have a powerful way of treating your case, and at the same time one which will not be abused by your patient. Just before the period is expected the patient should remain in bed with the hips well elevated and lying on her left side; her mother, nurse, or some friend who possesses her confidence should administer an enema of at least a quart of thin strained oatmeal gruel, or if you prefer it the ordinary castile soap and water enema with some castor oil. This will empty the bowel. I do not recommend the fountain syringe, because I would prefer that the patient should have the enema administered to her, and not get into the habit of using it herself. Now, if the period should come on and be extremely painful, the anodyne can be administered by enema; of course a small quantity should be injected, as you wish it retained, and in conjunction with the hot foot bath, warm poultices to the abdomen, and hot drinks of some harmless tea, the relief will be soon obtained.

During the time intervening between the periods, I give the following:

℞. Pul. ferri exsiccati.,
Potass. carb., āā gr j.
Ext. belladonnæ, gr. $\frac{1}{12}$.
Ext. aloës. soc., gr. $\frac{1}{4}$.
Ext. gent. comp., gr. j.
M. Ft. pil. one. One after each meal, and also
℞. Acid. phos. dil. 30 drops,
in water before meals, t. d.

I have found the *fluid extract of Gelsèminum* in *three* or *four* drop doses, t. d., a very valuable drug in averting the attacks of neuralgia. It should be taken for at least *three* or *four* days before the period in very severe cases. The plan of treatment suggested by Dr. Weir-Mitchell is necessary for many very obstinate cases. The generous diet or enforced feeding, rest, massage, *absence from home*, and the controlling influences which are embodied in such a course, are often a necessity for complete cure. In ordinary cases the patient must drink at least a pint of milk twice daily, rise early enough in the morning to get a thorough sponging from head to foot, and take a short walk before breakfast. So far the treatment has been calculated to strengthen the system and regulate the digestive functions. I have incorporated with it the use of electricity. I am surprised to find the great difference of opinion in regard to the value of electricity amongst my medical friends. Some speak of it as useless, others as troublesome, others say that it is most valuable but that those who use it should be familiar with all the intricacies of the subject. My experience gives me great confidence in the value of properly applied electricity, and though I have given attention to the subject, and studied the valuable works of Bartholow, Beard, and Rockwell and the interesting articles of my friend W. R. D. Blackwood, I am convinced that in many cases, excellent results will be obtained, without, of necessity, putting the physician to the trouble and expense of time necessary to the thorough understanding of the subject of electricity and its applications. Exactly how a dose of castor oil acts I do not know, and why an interrupted current or application of *Static* electricity should be more useful in amenorrhœa, and why a constant current is more successful in allaying the pain of dysmenorrhœa, I am not prepared positively to say; nevertheless it is the case.

Now, in the subject before us, I have found, with many others, that the *constant* current is very valuable, and it can be used with very little trouble to the physician and no discomfort or embarrassment to the patient. I use a *Flemming* battery of *thirty* cells, which I keep in order so that I am *sure* when I use it I get a current generated.

Strange to say, many cases of want of success owe this to the fact that no current of electricity passes at all. "Get your current," is the first on the list of instructions. About two weeks before the expected period I begin the systematic use, usually three applications a week, lasting about ten minutes. I do not apply the electrodes directly to the uterus *per vaginam*, but find that by placing an ordinary sponge-covered *electrode* over the ovarian region, the anode, or positive pole, and the cathode, or negative pole, to the spine, and allow it to remain until it becomes uncomfortably warm to the patient, and then removing it for a moment, I get the best results. I place the cathode first in the dorsal region over the spinal processes and gradually move it down to the sacrum. The anode should rest longer over the left than over the right ovary. I find that *twenty* cells is usually sufficient; the number to use will depend on the patient, using that number that will allow her to keep the electrode on the skin for about one minute without moving it. By this means your patient will not hesitate to come regularly for treatment—so little exposure

is necessary, so little trouble on her part is required; and, in fact, the treatment is as satisfactory to the doctor, as it will detain him but a short time. My experience has been that in this way from *six* to *eight* applications will enable a patient to pass comfortably over the following period. In some cases the result is astonishing, and in the meantime by strengthening the system, and inducing regular habits, a permanent cure will be obtained without the use of *anodynes* or *stimulants*. I have noticed that such cases, from school habits, have acquired the stooping posture, and, as I believe that this is a most potent cause of dysmenorrhœa, I have always endeavored to strengthen the muscles of the back by the use of the *interrupted* current to the muscles several times a week, and a system of gentle gymnastic exercises.

In summer, rowing, swimming and lawn tennis, will be most valuable when indulged in in moderation.

I do not mean to convey the impression that immediate cure will follow the relief obtained in such cases always. The treatment should be persistent in, perhaps reducing the number of applications before each period, until the patient's health and strength have so improved as to warrant the belief that the pain will not reoccur. The *electricity* takes the place of the *anodynes*.

One of my patients who had suffered agony month after month, and was only relieved by drinking hot gin and water in large quantities, after about *six* applications menstruated without the least *pain*, and the next period was passed in the same way; but the next one occurred after a fatiguing day of standing, nursing a sick mother, and the pain returned, and she was obliged to have recourse to the battery, which again relieved her. This case was one of remarkable improvement, and had withstood all kinds of medicinal treatment, and had been under observation for some years.

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PSYCHICAL PHENOMENA.

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Probably no one has ever reached maturity without having experienced the weird impression of having said, heard, seen, or done, at some indefinitely remote period, the same thing which is at the moment presented to the mind. The experience, as any one can testify, has no surroundings of predilection, but may surprise one in a crowded ball-room, in the market-place, or amid the solitude of mountain or of sea, and produces a momentary pensiveness, an arrest of attention, in which time and space are viewed in mental vista, ill-defined and vague as abstract, time and space.

This impression has never to us seemed satisfactorily accounted for by the supposition that the mind reverts to a former state of existence; or that the two lobes of the brain, acting with a fractional difference of time, give to the mind the impression of the occurrence of two distinct remote circumstances, identical in form. The first supposition seems to us chimerical, as well as with the second, not justifiable in face of certain significant and well-known facts. As to the first, it may at once be said conclusively that it is impossible that any previous existence can have contained conditions identical with the present ones. If, nevertheless, it be replied that our judgment of possibilities within this sphere of speculation cannot be conceded, let us then ask why, if the impression does not relate to coupling a present occurrence to one in a previous state of existence, one's interlocutor (if speech, as it often is, be in question,) never has *his* memories simultaneously revived? According to the theory, he too must have been a distinct entity, and one's interlocutor, in that previous existence.

The theory of absence of consentaneity in the action of the two lobes of the brain, in the production of the phenomenon, is not so easily disposed of; it is not, in fact, susceptible of proof or disproof, save indirectly, by showing that another was reconcilable with all the facts with which we are conversant, and which fully account for the phenomenon in question. It may, however, be said in passing, that it would seem as if the mind could hardly receive the duplex impression without experiencing some sense of confusion, if not of shock, perforce of an impression resolving itself in the translation into two impressions; whereas we find the effect experienced characterized by a certain agreeable placidity of mind, by reverie—in a word, suddenly superinduced, however incongruous the circumstances. But dismissing this as being as baseless as the theory itself, let us proceed to recognized facts amply sufficient to account for the phenomenon. The theory which accounts for the phenomenon upon the supposition that it is produced by the revival of dreams in the memory, is that which includes the significant and well-known facts referred to, but even it is not sufficiently ample and inclusive. Admitting, however, dreaming as perhaps the largest factor in the production of the phenomenon, let us first consider that.

Dreams may be resolved into two classes—those which made at the time of their occurrence a strong impression; and those which require some stimulating cause to make them rise into the sphere of waking consciousnesss. Of the first kind it is needless to speak, except to remark that, with rare exceptions, the memory of even these fades away in a short time. Of the second kind, there is, according to the definition just given, no memory to fade away, inasmuch as they may never rise into the sphere of waking consciousness. Yet, that these dreams must be very numerous, we must grant, when we reflect how often the most fortuitous remark or occurrence causes a vivid presentation to the mind of what otherwise must have remained forever unknown to it. These dreams have a law open to easy observation. A person never remembers, through casual mention of something, or through an occurrence, to have dreamed some particular thing a week or a month ago; the limit is last night or "the other night." It is not to be supposed, however, that if the possible and positive recollection can last only within the range constituted by the difference between last night and "the other night," that the impression is lost. The impression has assumed such indistinctness that it does not present itself without some acute and greater stimulus than that just described, or it presents itself so vaguely as not to arrest attention, and in that respect has only followed the usual course of memory, with the additional associated lack of vividness attached to dream-thoughts as compared with waking-thoughts. But the *residua* left by the activity of the nerve-cells are there potentially, if vaguely, for a much greater length of time than we might be disposed to infer from observation of the limited range within which we detect occasionally the rising of an unknown dream into the sphere of consciousness. Otherwise, the alternative conclusion is the supposition that the present moment, with reference to "the other night," represents the extreme line of demarcation, beyond which there is entire cessation of a previous condition, which conclusion is absurd.

This same reasoning applies to *residua* left by slight impressions when a person is awake. Busy men, immersed in affairs, perhaps traveling from place to place, conversing with many persons, some of whom are utterly indifferent to them, receive numerous slight mental impressions that are not more vivid than those from dreams, and fall immeasurably below the possible vividness in dreams, the impression from some of which may last a lifetime.

When, therefore, we consider the fact that comparison, conscious and unconscious, forms the whole web and woof of thought; that a dream—a mental occurrence—which may be dormant in the mind, may be brought to memory by casual mention of something similar, when otherwise it would never have been recalled; that the dreamer is the same individual, awake and asleep; and that, finally, similarity is in many things often mistaken for identity, it seems reasonable to suppose that the so-long-dormant-as-to-be-obscure memories of life, whether awake or asleep, may be and are at times aroused by similar occurrences which take place in the waking-life, and that we establish a false identification, which seems to be true. The strongest evidence can be adduced in favor of the correctness of this view, in the fact that resorting to our own personal experience and that of some others, we do not always find that the impression of having said, heard, seen, or done the same thing under the same circumstances in the indefinitely remote past, always eludes our investigation; for it occasionally, albeit rarely, happens, that the game having started, we run it to earth and find the apparent identity resolve itself into similarity to what we remember as having actually occurred in the waking-life. This, however, touches only the question of confounding similarity with identity, not that of whether dreams can give the basis for that confusion; but that it is possible so to confound actual occurrences, one of which, in the course of time, has assumed vagueness in the memory, is a cogent consideration in the main question before us.

As it is the experience of many persons, if not of all, that a dream upon the same subject by the same person has been dreamed not only twice but many times, each time so closely resembling the others as to make the dreams all seem the same, and as similar mental states tend to produce similar ideas, it seems probable that the faded memories of dreams are more likely to be revived when one is asleep than when awake, which would account for many repetitions of a dream which has no appreciable relation to a life.

The conclusions to which the considerations adduced would seem to point are that the brain being the store-house of an immense number of impressions received during both waking and sleeping, many of which have faded away into the dim distance of memory, the identity of one of them with something else preëxistent, which is sometimes conceived, is owing to its similarity to, not identity with, some previous occurrence either in the *dreaming or the waking life.*

HOSPITAL REPORTS.

PHIDADELPHIA HOSPITAL.

Clinical Lecture on Hemorrhages connected with the Parturient State.

BY DR. EUGENE P. BERNARDY,

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[Reported by A. R. JOHNSTON, Resident Physician.]

GENTLEMEN: I desire to call your attention today to hemorrhages connected with the parturient state. I will first take up post-partum hemorrhage. I consider it one of the most alarming, and sometimes, in its effects, an appalling occurrence. The importance of having a thorough knowledge of the management of such a case, I cannot impress too strongly on your minds. A case of post-partum hemorrhage occurred a few days ago in one of our lying-in women. The history of the case is as follows: On January 27, the patient fell in labor, and after a few hours was delivered of a living child. The labor was natural, the placenta came away without any difficulty; a dose of ergot was given immediately after its delivery; the uterus was contracting firmly, and everything indicated that the patient was safe. Within a half hour Dr. Johnston, the resident, was called by the nurse and told that a hemorrhage was going on. The doctor, on arriving at the bedside, found the patient pale and almost pulseless, and the blood pouring out of the vagina. He immediately passed up his hand into the uterus, emptied it of all clots, and injected hot water, which caused contraction at once, and the hemorrhage ceased. The patient was stimulated freely, and her head lowered. The case did well up to the second day, when she complained of pain in the right leg. On examination, it was found swollen and painful; face was extremely pale; pulse, 120; temperature, 102; ordered quinine and stimulants freely. In a few hours the patient became suddenly delirious, crying out for fresh air, and died. Post mortem showed slight peritonitis, and on examination of the heart an immense heart-clot. The occurrence of a post-partum hemorrhage can never be foretold. Your first case may be one in which for tardy labor you will use the forceps, or perhaps things have progressed favorably, the child is born, you sit down and congratulate yourself upon the beauty of being a good obstetrician, chatting with the nurse, etc. While thus engaged, your attention may be attracted by a gasp or some remark from the patient, and on looking at her you will find her pallid, her respiration sighing and hurried, pulse weak, and a rapid flow of blood may or may not be issuing from the vagina. You place your hand upon the abdomen, and instead of feeling the uterus contracted at the symphisis pubis, it is felt like a big doughy bag reaching up to the umbilicus Thus, gentlemen, you are ushered into the presence of a complication dreaded by all obstetricians.

What is the cause of this accident? I have already told you of our inability to prognosticate its occurrence, or detect anything in the course of the labor that would give rise to it. We have the cause in one word, "inertia." This condition may be the result of constitutional debility, from too rapid labor; either by the natural powers or the aid of forceps the uterus is quickly emptied and does not follow down the child and maintain a condition of contraction. Too prolonged a labor may so exhaust the muscle of the uterus as to prevent it contracting after the expulsion of the child. Fibroid growths may also cause this condition.

Let us consider the symptoms by which we may recognize the existence of hemorrhage. Upon placing the hand over the uterus you will feel it doughy and soft; you will hardly know whether you have it under your hand; the fundus will be felt, indistinctly, high above the umbilicus; if pressure be applied to the uterus, blood will flow from the vagina; a large clot at the os may prevent the flow of blood; do not let this deceive you; pass your hand up into the uterus and you will find it enter into a pouch; you will feel the flabby walls of the uterus fall against your hand, which feeling, once felt, will never be forgotten. The general appearance of the patient is bad. The vision becomes dim. She gasps, tosses off the covers and complains of want of air; the countenance exhibits extreme pallor, which is peculiar, and when seen, will make a lasting impression. This pallor was first described by Dr. Tyler Smith, who called it the "puerperal pallor." The pulse becomes rapid, small and imperceptible; the surface of the body becomes cold, and sometimes bedewed with a clammy perspiration. If this condition of things be allowed to continue, the patient soon dies.

What is the treatment of this dreadful accident? Our measures must be active: we have no time here to go home and look up the treatment, as can be done in a case of forceps delivery or some other obstetrical operation. Keep cool, and do not allow yourself to be confused by the imminent danger of your patient: recollect, a human life is in your hands, a loving wife and mother. As soon as you recognize the condition of your patient, pass your hand, not only into the vagina, but up into the uterus, empty it of all clots, while at the same time with the other disengaged hand seize the uterus externally and press it well down on the symphysis, titillate the interior of the uterus, and try and get it to expel your hand by its own contraction. The introduction of small pieces of ice into the uterus and the application of ice externally is a well known remedy, and is sometimes useful; but bear in mind that ice produces contraction by reflex action, and if it does not bring about the desired result at once it will not be productive of any benefit, and its use should be discontinued. Another application sometimes productive of very satisfactory results is vinegar or lemon juice applied to the inside of the uterus. If you wish to use vinegar, saturate a sponge or piece of old linen, place it in the palm of the hand and pass it carefully along the vagina up into the uterus. If lemons are at hand, peel two or three, nick them in several places, pass them into the uterus, and squeeze out the juice into the cavity.

Now, gentlemen, in spite of all that has been done, the bleeding still goes on. What must we do? We cannot leave our patient alone to her own resources, for it would seal her fate. Have

we no other means? Yes, gentlemen, we have it in every household. I refer to hot water; hot water is an agent in which I place great confidence in cases of this kind, and you should always see that hot water is at hand. Invariably ask when tending a case of confinement if hot water can be readily obtained. I can recall a case where this precaution I am certain saved the life of the patient. To make use of the hot water injection, the patient should be brought to the edge of the bed, her feet either placed on chairs or supported by assistants. her head low down; place under the patient a bucket to receive the water as it returns from the vagina; on a chair should be the basin containing the hot water—not luke warm, but as hot as your hands can stand; then take a Davidson's syringe and after assuring yourself that you have pumped all the air out, introduce the nozzle up into the cavity of the uterus, and inject until the water returns as clear as it entered. The danger of not having the syringe full of water when you begin your injections, is that some air may be thrown into the uterus and get into the open mouths of some of the sinuses, and so reach the heart, an accident which would certainly be fatal.

This mode of treatment has another advantage, viz., that of cleansing the interior of the uterus, and on this account should always be used after any labor which involves any serious interference, such as turning, prolonged forceps delivery, or craniotomy. By some, the use of hot water is looked upon as being unreliable; but this, I think, must be due to failure to use it hot enough.

Styptics are applied here, as elsewhere, for the arrest of hemorrhage, and the one in general use is the Monsel styptic. Care should be exercised not to apply it too strong. Some use the Monsel solution with equal parts of water; but I think that from two to four tablespoonfuls of the solution in a basin of hot water, and applied to the interior of uterus by means of the Davidson syringe, will have the desired effect.

Ergot, as you perceive, I leave for the last. Do not rely upon it to help you. It will fail you at the moment you most wish its contractive action. But under any circumstances give it at the very start and in large doses.

Never tampon in post-partum hemorrhage. By this means you only convert an external hemorrhage into an internal or concealed one. The blood is prevented from escaping, and collects in the uterus. The mischief being thus hidden, there is no evidence of what is going on until the paitent suddenly calls for air, puerperal pallor sets in, and before the tampons can be removed the patient gives one gasp and is dead.

Therefore, gentlemen, let me impress it well upon your minds, "never use a tampon in post partum hemorrhage."

During the above treatment for the arrest of the hemorrhage, the position of the patient should be carefully attended to; the pillows should be removed, the head lowered and the pelvis elevated, so that the brain may be well supplied with blood. If this precaution be not taken, the patient might fall into a fatal syncope, or heart-clot may form. Stimulants are to be used freely, best being brandy or whisky; but we have an agent more powerful than whisky or brandy—it quiets the patient and stimulates the flagging brain. I refer to opium, which is highly recommended by Prof. Penrose, of the University of Pennsylvania. I have often used it and have seen it given in the form of tr. opii. in drachm doses, with the happiest effect.

After complete arrest of hemorrhage, you will find the extremities icy cold. It is your duty to bring heat to these parts as soon as possible; apply hot bricks to the extremities, metal plates wrapped and placed between the limbs and side of the patient, bottles containing hot water, etc.

One thing I wish to impress indelibly upon your mind—never allow the patient's head to be raised at this time, or for several days after. Some years ago Dr. Meigs attended a case of this kind, and left orders that the patient's head should not be raised. His orders were disobeyed, the nurse even allowing the patient to get out of the bed, and while on the commode, she fell over in a faint, and before the doctor reached her bedside was dead.

The diet for a few days afterward should be low, on account of the liability of the uterus to take on inflammatory action. About the third or fourth day nutritious and easily-assimilated food, such as beef tea, chicken broths, etc., should be given; later, tonics and milk punch, until gradually the patient is brought to her usual diet.

So far we have spoken of hemorrhages occurring after and dependent upon the act of labor. Another class of hemorrhages of great importance to the obstetrician, are those hemorrhages which occur before labor. These are divided into accidental and unavoidable.

Accidental hemorrhage is the more dangerous of the two, and depends upon the premature separation of the placenta from the uterine wall during the last three months of pregnancy. The cause of this untimely separation may be a fatty degeneration of the placental structure, or may be a symptom of constitutional depravity.

The symptoms are those of loss of blood, sickness, pallor, dimness of vision, and fatal prostration. There may be no loss of blood until the beginning of labor, and the manner in which the hemorrhage differs from unavoidable hemorrhage, or placenta prævia, is that during the pains the pressure of the presenting part arrests the flow of blood, while in placenta prævia the flow is increased by still further separating the placenta.

The treatment of this form of hemorrhage is, first rupture the membranes, so as to give egress to the liquor amnii, this will cause the uterus to contract, and press the placenta between it and the child, thus arresting the hemorrhage; ergot, friction, and if there is much depression, stimulants. If labor does not come on, dilate the os by means of Barnes' dilators, and if the head should present, perform version and deliver.

Unavoidable hemorrhage.—This form of hemorrhage is caused by the implantation of the placenta partially or entirely over the os. If the placenta is attached completely over the mouth of the os, it is called "placenta centralis," if only on one side, "placenta lateralis." The reason why a placenta should sometimes take such a position is unknown, but the practical questions, and the ones which we shall discuss to-day, are—how shall we diagnose and treat these cases?

If the hemorrhage comes on early, say before

the fifth month, it will invariably result in abortion, and then our treatment is that which is applicable to ordinary cases of abortion. If the hemorrhage occurs after the fifth month, it is our duty to diagnose the condition present, and treat accordingly. The first notice the patient will have of anything unusual will be a gush of blood coming on, probably, while she is moving about. The doctor is sent for; on making a vaginal examination, instead of feeling the smooth glistening surface of the membranes thinly covering the presenting part of the child, his finger will come in contact with a body which feels like a cushion, is rough, and there is considerable thickness between the finger and the child. The os will impart a peculiar doughy feeling to the finger, which condition is caused by the unusual thickness of the cervix, which is permeated with large vessels for the placental circulation.

If the hemorrhage is not enough to endanger the life of the mother, temporize as long as possible, for the child's sake. But if the hemorrhage continues and the mother begins to fail, interference on the part of the obstetrician is necessary.

I have had in my practice several cases of placenta prævia, and have not treated any two exactly alike; yet there is a general basis of treatment applicable to all. Suppose a case in the seventh or eighth month: the child has now reached an age at which it stands a fair chance of living ii labor is brought on, the mother's life is placed in jeopardy by the constant loss of blood, a severe hemorrhage carries her to the verge of the grave; we decide to bring on labor, and to bring it on with the smallest amount of lost blood. How are we to do it? We first tampon the vagina. Here, gentlemen, we tampon; here the tampon is the safeguard to the patient. A piece of linen or soft sponge is thoroughly saturated with vinegar and carried up and pushed into the os, if possible; then the vagina well packed; doses of fluid ext. of ergot, or what will sometimes act promptly are hypodermic injections of ergotine into the abdominal walls. In about six to twelve hours, if it is found necessary, remove the tampons. This will give you a chance to see how the dilatation is going on; but before doing so have another tampon saturated with vinegar, or a Barnes' dilator, ready to introduce in case there should be any hemorrhage. The Barnes dilator is a gum-elastic bag made in the shape of the body of a fiddle, and is introduced so that the os grasps the constricted portion; it has a tube connected to it by means of which it is filled with water, which may be either hot or cold. When you have completed the dilatation, you pass up your hand, separate the placenta from its connections—if centralis, with one side of the os; if lateralis, push it aside, rupture the membranes, and if the child is high up, perform version and deliver; if the head has engaged, deliver with the forceps. The delivery should not be hurried.

It is said that in former times the heavy drinkers of England had the custom of drinking a glass of oil at the beginning of a meal; thus they prevented the rapid absorption of alcohol by the stomach, and so avoided drunkenness.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy with Effusion.

The patient's name is Wm. T. Age 33. Is married. Is a common laborer, with no settled occupation. He has been in the habit of going on sprees for five or six nights in succession, and very frequently, but he drank nothing between the sprees. Three months ago he noticed a swelling of both ankles, which was treated and disappeared under appropriate remedies. Some years ago he had a chancre. Two weeks ago he went on a spree and drank a good deal. At this time he noticed frequent severe pains on the right side of the chest, and he coughed considerably. Two days ago he had a sudden, lancinating pain on his right side, which was so severe that he lost consciousness. He then came to the hospital. Has been more or less drunk for the whole of the past month. He has a frothy mucous expectoration. His urine is thick, turbid, and offensive, and his bowels have been constipated for the past five days.

Gentlemen: Having heard the history of this patient read, we learn that his principal business was to drink nights, most of the time. You see here the capacity which the human system sometimes has for withstanding the action of alcohol. There are not many men of such tough material as this man, but in my experience I have met a number of just such, and he probably states the truth in regard to his habits of drinking. It is amazing how such an amount of liquor can be circulated in the system, and still leave the person apparenty unharmed.

The interesting feature in this man's history is the occurrence of a pulmonary lesion two weeks ago, which was manifested by pains in the right side which were at times very severe, so that he fainted once. He sometimes felt chilly, which shows that he had some fever. But he still kept on drinking so much that he was almost unconscious of these pains until he came in here.

The history directs our attention to the chest, but it might not be so directed by the objective signs alone. His breathing is somewhat accelerated, ranging from twenty-eight to thirty-eight per minute. But his pulse is not much increased in rapidity; the lowest has been sixty-four, and the highest eighty-four beats per minute. The temperature shows a constant but moderate fever, and ranges from 99.5° to 101.3°. These are called the vital signs, and are the objective phenomena of the disease. The subjective history shows that he had chilliness, and hence fever, before he came to the hospital. A man with fever feels chilly because the surface of his body is hotter than normal, and hence feels relatively cold, as compared with the temperature of the surrounding air.

Inspection.—We notice behind and on the right side of the chest a considerable bulging out of the thoracic walls, and there is almost no expansion of the chest on this side.

In practicing percussion, bear in mind what I told you the other day. Place the index or middle finger firmly over the part to be percussed,

and strike it with the other hand, on the middle phalanx. Be careful to percuss with equal force on both sides of the chest, so as to be able to compare the notes elicited. Percuss gently and entirely from the wrist, and not from the shoulder or elbow.

Percussion.—On the upper part of the right side of the chest behind, there is slight dullness; in the infra-spinous region there is marked dullness; and a little lower down there is absolute dullness, as if we were percussing over a board. When the patient leans far forwards we get a slight resonance where before there was dullness. This shows that the fluid in the chest has changed its level. On percussing in front, we find that the line of absolute dullness is just above the right nipple, and on a level with that obtained behind. Under the axilla the line of dullness is a little lower down, as is generally the case. Immediate percussion also elicits the same area of dullness.

Vocal Fremitus.—This is much more distinct on the left side than on the right, high up, and lower down it is entirely absent on the right.

Auscultation.—The respiratory murmur is absent on the lower portion of the right side of the chest behind.

Percussion and auscultation indicate the presence of fluid in the right pleural cavity, for I take it for granted that it is fluid. The level of the fluid is just above the angle of the scapula behind, and the line is at the same height in front, as is usual. But the line changes with change in the patient's position. A hypodermic needle has been introduced and fluid was drawn off, thus confirming the diagnosis.

Treatment.—The disease, with the fever, cough and dyspnœa, will subside under the proper treatment of pleurisy with effusion. This consists briefly in administering diuretics, rest in bed, and counter-irritation.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Does Excision of the Larynx Tend to the Prolongation of Life?

BY J. SOLIS COHEN, M. D.,

Honorary Professor of Laryngology in Jefferson Medical College.

[Read April 4, 1883.]

(*Continued from page* 98.)

TABLE II.—CASES OF SARCOMA.

1 (Lange) lived nearly 7 months.
1 (Czerny) " " 15 "
1 (Foulis) " " 17½ "
1 (Caselli) was alive Aug., 1881, nearly 2 years after operation.
1 (Bottini) was alive and well Aug., 1881, 6½ years after operation.

Taking for granted, as we are bound to do, that death was imminent in these five cases of sarcoma when the operation was resorted to, we have a considerable prolongation of life in every instance, and a remarkable prolongation in two, or in forty per cent. As far as these limited statistics go, therefore, the operation of excision of the larynx in hopeless cases of sarcoma is worthy of the serious consideration of the surgeon.

The history of the remaining fifty-six operations presents a much more gloomy account. They were all for carcinoma, if we may include under that head Schede's case (56) of "cancroid."

Let me read the list of deaths as far as reported:

TABLE III.—RECORDED DEATHS AFTER LARYNGECTOMY FOR CARCINOMA.

1. Tilanus,	Case	46.	Death in	36 hours	from	collapse.
2. Macewen,	"	26.	"	3 days	"	pneumonia.
3. Bottini,	"	20.	"	3 "	"	"
4. Langenbuch,	"	30.	"	3 "	"	collapse.
5. Schmidt,	"	4.	"	4 "	"	"
6. Gerdes,	"	14.	"	4 "	"	"
7. Billroth,	"	12.	"	4 "	"	pneumonia.
8. Toro,	"	40.	"	4 "	"	pulmonary emphysema.
9. Schönborn,	"	7.	"	4 "	"	?
10. Multanowski,	"	29.	"	5 "	"	pneumonia.
11. Reyher,	"	44.	"	5 "	"	septic broncho-pneumonia.
12. Pick,	"	38.	"	5 "	"	pleurisy and pericarditis.
13. Reyher,	"	31.	"	7 "	"	septic broncho-pneumonia.
14. Reyher,	"	54.	"	7 "	"	septic pneumonia.
15. Watson,	"	16.	"	7 "	"	pulmonary embolism.
16. Thiersch,	"	39.	"	7 "	"	"secondary infectious" pneumonia.
17. Albert,	"	49.	"	8 "	"	"diffuse bronchitis and lobular" pneumonia.
18. Reyher,	"	15.	"	11 "	"	"hypostatic" pneumonia.
19. Reyher,	"	57.	"	14 "	"	exhaustion.
20. Maas,	"	5.	"	2 weeks	"	pneumonia.
21. Watson,	"	6.	"	2 "	"	"
22. Bircher,	"	37.	"	16 days	"	pneumonia and "pulmonary gangrene."
23. Hahn,	"	50.	"	25 "	"	putrid bronchitis.
24. Billroth,	"	24.	"	6 weeks	"	passage of bougie into mediastinum.

25. Multanowski,	Case 11.	Death in	2	months	from recurrence.
26. Gussenbauer,	" 25.	"	2	"	" tuberculosis pulmonum.
27. Multanowski,	" 10.	"	3	"	" "croupous" pneumonia.
28. Langenbeck,	" 9.	"	4	"	" recurrence.
29. Thiersch,	" 36.	"	4	"	" "
30. Novaro,	" 55.	"	4	"	" recurrence and hemorrhage consequent upon additional operative procedures.
31. Von Burow,	" 61.	"	4½	"	" sudden suffocation.
32. Czerny,	" 34.	"	5	"	" recurrence.
33. Volker,	" 48.	"	5	"	" suffocation.
34. Heine,	" 3.	"	6	"	" recurrence.
35. Maas,	" 13.	"	6	"	" "
36. Billroth,	" 2.	"	7	"	" "
37. Bruns,	" 21.	"	9	"	" "
38. Kosinski,	" 17.	"	9	"	" "
39. Reyher,	" 53.	"	9	"	" "
40. Czerny,	" 23.	"	15	"	" "

To this list may be added the cases of—

Margary, Case 51, in which recurrence was reported at 3 months.
Kocher, " 58, " " " 7 "

In the following cases neither death nor recurrence has been reported:

1. Foulis, case 42, alive 5 weeks after operation.
2. Czerny, " 43, " 6 " "
3. Schede, " 56, artificial larynx adjusted 2 months after operation.
4. Mayal, " 63, no recurrence 3 months after operation.
5. Von Bergmann, " 60, alive "some" 3 months after operation.
6. Wegner, " 19, " 7 months after operation.
7. Whitehead, " 59, "no recurrence;" alive 8 months after operation.
8. Winniwarter, " 41, "no recurrence;" alive 8 months after operation.
9. Gussenbauer, " 52, well 14 months after operation.
10. Kocher, " 46, no recurrence 16 months after operation.
11. Thiersch, " 33, well 17 months after operation.
12. Thiersch, " 32, " 18 " "
13. Gussenbauer, " 47, " 19 " "
14. Hahn, " 35, " 2 years " "

Of the forty-four reported deaths, seventeen, or forty-two and a half per cent. occurred within eight days, and five more succumbed within the second period of eight days.

The danger during the first few days is from shock and from pneumonia. Very few have perished from direct shock, very many from pneumonia. The pneumonia has been attributed generally to the ingress of blood, aliment and septic materials into the air passages; but if I may form an opinion from what I have witnessed in many other operations upon the neck, there is a certain amount of risk of pneumonia in all surgical interferences in the cervical region, even when the air-passage is not opened. Thus I have seen it follow extirpation of the thyroid gland, extirpation of cervical neoplasms, and even exploratory incision into the region. It may be that the reduction of temperature to which the pneumogastric nerve is subjected, leads to pneumonia, and that the manipulations within the wound render it especially sensitive. When we reflect that the majority of these operations of laryngectomy consume from one to three hours in their performance, we can fairly presume that the pneumogastric nerve is subjected to sufficient ordeal to excite an early pneumonia, quite independently of access of foreign matter to the lungs; a sequel of the operation against which every available precaution is taken.

The danger from pneumonia does not seem to exist longer than two weeks, for we have but one record of death from this cause after the sixthteen day, and that from "croupous pneumonia" (case 10), at the end of three months. This important fortnight safely passed, the life of the patient appears apparently secure up to the fourth month. At the fourth month, death begins to be imminent from recurrence, and we have, in our table, three at four months; one, and possibly several, within five months; two at six months; one at seven months; three at nine months, and one at fifteen months. One death from recurrence (case 11) is reported at two months after operation. Nine cases are reported living at seven, eight, eleven, fourteen, sixteen, seventeen, eighteen, nineteen, and twenty-four months, respectively. Thus forty-two and one-half per cent. of the forty cases recorded as terminating fatally, or more than thirty per cent. of the entire number operated upon for carcinoma, perished within eight days; and at the end of six months, thirty-five of the forty were dead, or eighty-seven and one-half per cent.; making sixty-two and one-half per cent. of the entire fifty-six operations for carcinoma—with great probability of a still higher percentage had all the deaths been reported.

Let us contrast this record with the average life of carcinoma of the larynx not subjected to the radical operation of laryngectomy.

Of a number of cases of carcinoma of the larynx under my own care, who agreed to submit to exsection of the larynx should I so determine, and in whom I performed tracheotomy in preference, one lived six months, two lived seven months, one lived thirteen months, and one eighteen months, respectively, after the tracheotomy.

Had laryngectomy been practised in these five cases, with equal tenure of existence, the result would have been accredited to the radical procedure. Had the operation been performed, one life might possibly have been prolonged; the majority, however, would probably have been shortened. At the period at the end of which eighty-seven and a half per cent. of the recorded deaths after laryngectomy had occurred, *i. e.*, six months, all my tracheotomized cases were living; and but two of the entire number of fifty-six excisions for carcinoma outlived the longest-lived instance in my tracheotomized list. It is not improbable that a complete series of collated statistics would present a far better exhibit for the cases merely sub-

jected to tracheotomy and palliative procedure. It is generally believed that the natural history of carcinoma of the larynx comprises an average existence of about two years and a half; tracheotomy becoming requisite at a period varying from nine to eighteen months, according as the disease is wholly intra-laryngeal or more parietal.

In laryngectomy, the initial shock is severe, and sure to carry off a large percentage of cases by collapse or by pneumonia. A certain number of lives are sacrificed; and the condition of the survivors, with their artificial substitutes for the larynx, is often described as pitiable in the extreme.

In tracheotomy, there is little shock, very slight danger of pneumonia, and much less risk of septic infection. Life is not likely to be sacrificed in any instance; and existence is much more comfortable after the operation than after laryngectomy.

For these reasons, excision of the larynx for carcinoma does not, in my opinion, tend to the prolongation of life; for the prolonged existence of a very few seems purchasable only at the sacrifice of the remnants of existence of many others. The greatest good to the greatest number appears better secured by dependence on the palliative operation of tracheotomy.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Treatment of Spinal Curvature by Reclination in its Early Stages.

Mr. Edward Lund, F. R. C. S., Professor of Surgery in the Owen's College, Victoria University, Manchester, writes, in the *British Medical Journal*, June 23, 1883:

"I hope to exhibit, at the forthcoming meeting of the British Medical Association at Liverpool, a form of couch for the treatment, by reclination, of spinal curvature in its early stage, and weakness of the muscles of the spine, which embodies in its action a principle of treatment for such cases too frequently overlooked.

"The couch which I have to recommend, and which will be shown at Liverpool, is designed to carry out by reclination the same principle of treatment as operates in the method of vertical suspension, only in a more gradual and prolonged manner. I have called my couch a 'slippery couch,' and I think the construction and mode of action will justify the term. I have used it with marked benefit during the last few years, in more than thirty cases, in private practice. It is made in this way: A piece of wood is prepared, of suitable thickness, and about six feet long and eighteen inches wide. At about four inches from one end, a hole is cut through the wood, of circular form and six inches in diameter, with its margin on one surface of the wood slightly bevelled inwards. This end of the piece of wood is to be the upper or higher part, when it is fixed at such an inclination by means of a block or cross-piece as to raise it about one foot at the higher end. It is well to have four wooden legs screwed on, one at each corner, the upper pair being longer than the lower in the same proportion; and to still further influence the angle at which the couch is to be used, by means of extra screw-holes in the wood; the longer pair of legs being brought nearer to the foot of the couch, a greater elevation can be secured. The flat piece of wood being so prepared, is covered with several folds of soft thick blanket to about two inches in thickness, the blanket being just the size of the wood on one surface only; over this a piece of well-polished black horse-hair cloth is stretched, and being turned tightly over the edges of the board, is nailed underneath, so as to produce a smooth, somewhat soft, but yet slippery, almost polished surface. Where the blanket crosses over the hole already described, it must be cut across in two directions, longitudinally and transversely, and the horse-hair cloth should be left loose over the same spot, so that, if pressure be here applied, an indentation will be quickly made.

"Now, if a couch be prepared in this way, and placed at such an angle of elevation as I have here described, about one part in six of its length, a person lying upon it on his back will soon find, unless he make some effort to resist, that he will quietly slide down towards the lower end of the couch; and if his attention is otherwise absorbed, he will have his feet over the end of the board, as he is sliding beyond it. By a very simple device, this tendency to slide or slip downwards may be be very beneficially utilized for the object we have in view.

"A small, firm, cylindrical pillow is prepared, about the diameter of the wrist, and a foot in length, and this is attached by strong tapes, one at each end of the pillow, and fixed to each upper corner of the couch, the length of the tapes being such as to place the pillow transversely on the board, immediately below the lower edge of the hole in the wood. With this pillow in position, and the patient so placed that the pillow may be received into the recess of the nape of the neck, the projection of the occiput falling into the depression made by the hole in the wood, the body is retained in position, and the sliding down is prevented, but yet there is a constant gentle dragging action on the spinal joints from the weight of the pelvis and lower limbs, which will act most favorably in the required direction.

"It is desirable, when a patient uses this couch for the first time, that he should try it without the pillow; and, if needful, the elevation of the couch should be adjusted until the peculiar sliding movement is experienced. Then, with the help of the pillow, and the back of the head falling into the recess prepared for it, the patient will

be aware of the principle upon which the couch is intended to act, and be more likely to continue its use.

"All other couches, such as the Ilkley couch and couches with the double angular bend to support the knees, or with a foot-piece against which the feet can rest, are entirely opposed in principle to the plan of this 'slippery couch.' Using them, the patient may feel rested, and experience some temporary relief; but I know of no way, by reclination, to secure a certain degree of spinal extension, better than to fix the upper segment of the vertebro-cranial axis at one spot, and allow the weight of the lower part to induce direct 'self-extension.'"

Sea-Sickness.

In spite of the fact that much has been written on the subject, people still continue to suffer from sea-sickness, which proves the unreliability of our therapeutic resources. Therefore the following experience of Dr. T. M. Kendall (*Brit. Med. Jour.*, July 7, 1883), who has recently had 200 cases under his charge, may prove interesting:

Many people, as soon as sea-sickness commences, have recourse to oranges, lemons, etc. Now oranges are very much to be avoided on account of their bilious tendency, and even the juice of a lemon should only be allowed in cases of extreme nausea.

Champagne, too, is a very common remedy, and, without doubt, in many cases does good; but this appears to be chiefly due to its exhilarating effects, as, if it be discontinued, the result is bad, and a great amount of prostration follows.

Creasote is a very old but still very good remedy, and, in cases accompanied by great prostration, is very useful; but, if given in the early stages of sea-sickness, it is often followed by very bad results, and even increases the nausea.

Bicarbonate of soda is useful in slight cases, as it relieves nausea, and checks the frequent eructations which often follow attacks of sea-sickness; but, in severe cases, it is absolutely useless, and, in fact, it very often prolongs the retching.

A very good remedy in the earlier stages of sea-sickness is a teaspoonful of *Worcester Sauce*. How this acts I cannot say; but it, without doubt, relieves the symptoms, and renders the patient easier. Its action is probably of a stimulant nature.

Hydrocyanic Acid is of very little service, and most acid mixtures are to be avoided, except that perhaps, for drinking purposes, when it is best to acidulate the water with a small quantity of hydrochloric acid.

Of all the drugs used, I found the most effectual was *Bromide of Sodium*. When bromide of sodium is given in doses of ten grains three times a day, the attacks entirely subside, the appetite improves, and the patient is able to walk about with comfort.

In all cases of sea-sickness, it is very desirable that the patient should take sufficient food, so that at all times the stomach may be comfortably full, for by this means, overstraining during fits of retching is prevented, and the amount of nausea is diminished. The practice of taking small pieces of dry biscuit is not of much use; as, although the biscuit is retained by the stomach, yet the amount taken is never sufficient to comfortably fill the stomach. Soups, milk-puddings, and sweets are to be avoided, as they increase the desire to be sick, and are followed by sickening eructations. Fat bacon is easily borne, and does much good, if only the patient can conquer his aversion to it. When taken in moderate quantity, it acts like a charm, and is followed by very good results.

But of all food, *curry* is the most useful in sea-sickness, and is retained by the stomach when all other food has been rejected. Next to curry, I would place small sandwiches of cold beef, as they look nice on the plate, and are usually retained by the stomach.

In conclusion, I would advise that brandy should be used very sparingly, as, in many cases, it induces sea-sickness; and its chief use is confined to those cases where the prostration is very great, and even then champagne is more effectual.

Nitrite of Amyl for Hour-glass Contraction.

Dr. N. C. Steele thus writes in the *Miss. Valley Med. Monthly*, June, 1883:

April 2, 1883, I was called to see a negro woman who had been delivered of a child, but the messenger said that the after-birth was "growed to her side" and could not be removed. Suspecting irregular uterine contraction—hour-glass contraction—I took with me nitrite of amyl. I had read a report of such a case by Dr. Fancourt Barnes, of London, England, in which this agent acted promptly in overcoming the irregular contraction or spasm of the uterus.

I found that the child had been born five hours, and that the woman had lost considerable blood. She said this was her eighth child, and that the afterbirth had "growed to her side before," at which time she came near dying. Her pulse was weak and too frequent. No effort had been made to remove the afterbirth. She had been and was still having "pains." Having learned this, I supposed I would have but little trouble; so I gave a dose of ergot as a precaution against after-hemorrhage, and proceeded by expression and slight traction to remove the placenta. After considerable effort and further examination I concluded that I had hour-glass contraction to deal with sure enough, and fearing the ergot might possibly make matters worse, I proceeded to make her inhale the vapor of amyl freely. When she began to feel the effects of it I handed the handkerchief to the "granny" that the amyl might be continued while I made effort to remove the placenta. The finger, as before, could easily follow the cord up to the tightly contracted part of the womb, but it would go no further, and my efforts at removal failed again. All this time (only a few minutes, however), she had been inhaling the amyl. I now oiled my hand and arm, determined to proceed in the orthodox way, but on introducing my hand into the vagina I was gratified to feel the placenta already slipping out of the womb. It was removed without further trouble, and the woman did well.

I give this case simply as it occurred. I am aware that there are points of doubt in the case. The woman had been delivered of the child five

hours, and in that time there is usually very considerable contraction of the uterine neck. I made no great or prolonged effort to dilate the stricture, and therefore do not know the amount of contraction in the case. She was having clonic uterine "pains." The whole procedure was rather hurried. Then the ergot comes in as a possibly complicating factor, although I do not think it was over twenty-five minutes from the time I gave the ergot until the placenta was extruded.

On the Influence of Quinine on the Rate of Flow Through the Blood-vessels.

The *Maryland Medical Journal*, May 19, 1883, says:

Thus far experiments have been made on the "slider" terrapin only. To determine the influence of the drug on the rate of flow through the vessels, independent of any effect which might be produced on the heart by the action of the drug, a method was used which may be described as follows: A large opening being made in the plastron over the region of the heart, the pulmonary arteries were ligatured, the heart cut away, and canulas placed in the left aorta and innominate trunk and also in the three great veins. The arterial canulas were then connected with feeding flasks, filled with normal salt solution, and this was allowed to flow into the vessels under a known pressure. Having traversed the arterial system, the fluid returned by the veins and was collected and measured as it flowed out. The resistance offered to the liquid under these conditions is of course that of the small arteries and capillaries, and any variation in the size of these vessels must be followed by a variation in the amount of liquid which flows out; a narrowing of the vessels causing increased resistance and a decrease in the quantity of liquid which passes through in a unit of time, and a widening, causing a decreased resistance and an increase in the quantity of liquid. We have made experiments on terrapin with the central nervous system intact, and also with the same destroyed. In the former case the animal was curarized. In both cases there is much increased flow through the blood vessels after quinine. In many cases it was possible to recover the vessels back to their previous state of distension, and then giving quinine to again get an increase in the amount of flow through them. As this variation occurs after the destruction of the central nervous system, the drug must act on some peripheral mechanism. It is not yet clear whether it acts on the muscular coats of the small arteries, or on the capillaries, or on both. These effects are obtainable with a solution of quinine equal to .002 grms. in 100 c. c. of salt solution, or 1 part in 50,000. We have evidence, then, for the view that, in the terrapin, quinine dilates the small blood-vessels, and can act without the aid of the central nervous system. Further experiments will be made on frogs.—*H. H. Donaldson and L. T. Stevens, Johns Hopkins Univ. Circular*, April, 1883.

A Spina Bifida Presentation.

In the *Brit. Med. Jour.*, May 5, 1883, Mr. Charles Penruddock, M. R. C. S., of Winchcombe, writes:

On April 15, 1883, I was called by the midwife to attend Mrs. B., who was in labor with her fourth child. Labor commenced at 2 p. m., on the previous day, the pains had been very severe until 10 p. m., but after that time became few and far between, and of very little force. When I saw Mrs. B., the pains appeared to be moderately strong but of short duration. There had been nothing abnormal in her previous confinements. On making an examination it was with great difficulty that I could reach the os, which I found nearly fully dilated; its margins were rather flaccid, and during a "pain" the presenting portion of the child exerted no pressure on them whatever.

From what I could feel of the presentation, I at first thought I had a face to deal with, there being something which very closely resembled the well defined margins of the orbits; beyond this I thought I felt the nose, and still a little further on, my fingers slipped into what I at once took to be the mouth, only it was somewhat jagged inside as though it were lined with fully developed teeth; I then came across a hand. I passed my hand into the vagina to make a more thorough examination, satisfied myself it was not the face, and at the same time could feel the unmistakable smooth outline of a child's hip, but owing to the above irregularities I was unable to tell clearly what the arrangement of parts could be, and decided to call in my friend and colleague, Mr. William Cox. We came to the conclusion that it was no face, but the lumbar region that presented, and therefore decided to turn. This was accomplished in the usual way, and the feet brought down, only slight difficulty being experienced until the head was being delivered, but with my left forefinger in the child's mouth and my right hand on its occiput, this was soon overcome. The placenta soon followed, and the mother made a good and rapid recovery. The child, a female, appeared to have been dead about twelve hours, was fully developed. The head was somewhat hydrocephalic. On further examining the body we found the cause of our not being able to clearly diagnose the presentation, to be a large spina bifida situated in the middle of the lumbar region, and very much resembling to the touch the part for which I had at first mistaken it. This case struck me as being very interesting, in showing how a diseased condition of a fœtus may confound the diagnosis of the accoucheur.

Spontaneous Gangrene of Arm Following Presumed Embolism.

Dr. J. H. Crisp reports this case in the *British Medical Journal*, March 24, 1883:

At the beginning of September, 1880, Mary M., aged seventy years, had a very painful and œdematous condition of the right lower extremity. Infiltration of the subcutaneous tissues increased for several days, when, after saline and diuretic treatment, puncturing at intervals, and keeping the limb covered in cotton-wool in the horizontal position, these symptoms subsided, and in the course of a few weeks the patient resumed her normal health, and could walk about as usual, the limb being kept bandaged for some time longer. No history of the case could be given; there were no abnormal cardiac sounds, no intrapelvic tumor

or swelling, or other cause of vascular obstruction detected. The popliteal pulsation was scarcely perceptible, that of the posterior tibial extinct.

From this condition convalescence continued uninterruptedly, when, about Christmas, an attack of acute diarrhœa and vomiting (not attributable to errors in diet), occurred, from which, in a few days, she recovered.

In the early part of the spring following, her left forearm became very painful, with the burning sensation characteristic of incipient gangrene, the digital extremities presenting a purplish white hue. No pulsation could be felt, the integuments of the forearm were quite cold, the case turning out one of spontaneous gangrene, accompanied by excessive pain for many weeks, alleviated only by anodynes. The forearm from about the middle third, in an oblique direction upwards and outwards, became black and shrivelled below a line of demarcation, when amputation was resorted to, the stump healing with a slight protrusion of the radius, which was afterwards excised. The patient has since done well, and, for her age, recovered her usual good state of health. I have given these bare details of a case of some interest, and will leave others to form their conclusions as to the etiology of its phenomena.

Equine Scarlatinal Virus as a Prophylactic Against Human Scarlatina.

It is necessary to determine that this agent represents, so says J. W. Stickler, M. D., (*Med. Record*, March 24, 1883,) in a more or less modified form, a morbid principle giving rise to a disease in man similar to the one of which this modified microzyme is the exciting cause in the lower order of animal life.

Our author, Thomas, Speciola, and Williams, believe in the existence of scarlatina in the horse; Stickler procured some of the nasal secretion, examined microscopically and injected subcutaneously about six minims, into four rabbits and one dog, getting as a result a confluent eruption, scarlet in color, which existed about four days, followed by exfoliation. Next was injected under the skin of these animals several drops of human scarlatinal blood taken from the arm of a boy who had at the time a bright confluent eruption over both arms, chest, and neck. There was not subsequently any general or local disturbance.

To determine the worth of such experiments, it must be ascertained if the scarlatinal poison resides in the blood; in order so to do, injections of that fluid have been made into rabbits, producing scarlatina and killing the animals, whose blood was injected into other animals with like result; it seems probable, therefore, that the blood does contain the contagium particles of the disease.

Dr. Stickler vaccinated twelve persons, varying in age from five to twenty-five years.

The points shown by these twelve cases are:

1. The safety in using subcutaneously the virus obtained directly from the horse.

2. That when this virus is implanted in the human tissues, there follows a local eruption similar to that seen in mild cases of scarlatina.

3. The system appears to be protected against the action of the human scarlatinal poison after vaccination with the equine virus.

"May not equine scarlatina be to human scarlatina, because of modification already wrought, what cow-pox is to small-pox, in consequence of some change in its fertility brought about long ago?"

Dr. Tebault's New Process of Vaccination.

From *Gaillard's Med. Jour.*, May 19, 1883, we note that Dr. Tebault, of Louisiana, said that for the past twenty years he had been performing these operations of modified inoculation, and in no case had it ever failed in his hands. He had operated with success upon smallpox cases who had recovered from the disease, within six months of such recovery, and had in such cases repeatedly tried the best vaccine, but without result. His reasons for recommending the practice of his modified inoculation are these:

1. It never fails, and it acts more promptly than vaccination.

2. All his experience assures him that persons so operated on do not communicate smallpox by contact, acting in this respect precisely as vaccination.

3. Physicians can always procure it from a known healthy source, and can always have it on the appearance of the first case in our midst.

4. The presence of this most loathsome and dreaded of diseases, by this operation, can be converted from a cause of infection into a means of positive protection to all exposed.

5. Inoculation, thus modified, procures effects as uniform as does vaccination, with the advantage that it is always successful; whereas vaccination has frequently to be repeated several times before it succeeds, thus losing valuable time, when every moment may be important.

6. Modified inoculation will succeed, it matters not how often the person operated on has been successfully vaccinated.

The operation consists in taking the first vesicle that presents itself, and admixing the lymph from this vesicle in cow's milk in proportion of one drop of lymph to three or five of milk, according to the age of the subject to be operated on.

The Antagonism of Phthisis and Ague.

The *London Medical Record*, April 15, 1883, says:

This is relative rather than positive; that is, phthisis occurs more frequently in regions where intermittents are not epidemic, and *vice versa;* we cannot say that, where intermittents are dominant, there phthisis is not met with—both diseases may occur simultaneously in the same person. Dr. Vieta (*El Genio Medico-Quirurgico*, January 15, 1883,) describes his experience in Azagra, in the kingdom of Navarre. The situation of the town is damp and low; it is surrounded by the rivers Ebro and Ega; and formerly these constantly overflowed their banks, submerging half the town; the streets were unpaved and full of holes, in which the water lodged. In the outskirts much hemp was cultivated, which, when cut, was macerated in pools, of which there were a very large number. Intermittent fever in its worst forms was very prevalent. Now the streets are paved, the rivers embanked so that they no longer overflow, and hemp is not so much grown,

market-gardening being found more profitable. Intermittents are no longer endemic; a few simple cases occur, but the paludal cachexia is no more seen, and the cases yield readily to treatment. But with this diminution of intermittents, there is a marked increase in the number of cases of chronic affections of the chest, and especially of phthisis, which was formerly almost unknown. Dr. Vieta does not attempt to account for this antagonism; he attributes the phthisis to neglected bronchial catarrh, and not to hereditary influence or diathesis, which does not seem to exist. He therefore hopes that improved hygienic knowledge and practice, leading the people to be more careful as to exposure, etc., will diminish the number of cases of pulmonary disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Godey's* for August comes to us as its midsummer number so bright and refreshing, that during its perusal, we are beguiled into forgetting that the thermometer is ranging in the nineties. Its colored fashions, this month, are produced by the same process as those in the French magazines; and though not fully equal to them in every particular, they far surpass the fashion plates of any American magazine.

An excellent portrait of the late President Garfield makes the second on the list of Presidential portraits, a feature of the book that will be growing in interest as the portraits are issued; and when the series is completed, will make a valuable collection, especially so if they all prove as good as the portrait in the present number.

——We have received from Dr. Joseph H. Warren, of Boston, a pamphlet containing clinical reports of three interesting cases occurring in his practice:

1. A somewhat rare disease of the spermatic cord, testes and scrotum.
2. Encysted cancer of the spermatic cord.
3. Case showing family hereditary tendency to hydrocele and diseases of scrotum—remarks.

——We have received the second report of the Massachusetts Home for Intemperate Women, to which Dr. Joseph H. Warren, of Boston, is attending physician. The entire number of inmates admitted from April 1, 1882, to April 1, 1883, was 253. From an examination of the report, we would infer that the institution is in a very satisfactory condition.

We have received the proceedings of the Rutland County (Vermont) Historical Society, at a picnic held on Mason's point, Lake Bomoseen, Thursday, July 20, 1882. The proceedings are of a very interesting nature. We would advise our readers to write to the Secretary of the Society for a copy of the report. It will prove interesting reading.

——A nicely illustrated, timely, and sensible little pamphlet on "Ventilation," by G. P. Conn, M. D., has been received as a reprint from the Report of the State Board of Health of New Hampshire. It is well deserving of extensive circulation.

BOOK NOTICES.

A Treatise on Diseases of the Eye. By J. Soelberg Wells, F. R. C. S. Fourth American edition. Philadelphia. Henry C. Lea's Son and Co., 1883, pp. 846.

This magnificent work is *par excellence the* standard work of the times, on the important subjects of which it treats. We must ever remember that the eye is an exceedingly delicate organ, and while the general practitioner is frequently called upon to relieve its diseased conditions, that improper medication or unintelligent interference may only result in making bad doubly worse. It is absolutely necessary for the country physician to have an acquaintance with the pathology and therapeutics of the eye, since he is denied the assistance of skilled specialists, so accessible to his city brethren, when puzzled by intricate diseases of this delicate organ.

From no source we are sure, can he more accurately derive this needed knowledge than from the volume before us.

It is handsomely bound and will make a valuable addition to the library.

Spare Hours, By John Brown, M. D., LL. D., etc. Boston. Houghton, Mifflin & Co., 1883, pp. 373. Price, $1.50.

A lenghthy notice, no matter howsoever long, could not do justice to this charming volume. A few words will suffice to express its claims on the readers of our profession. All physicians who delight in reading the productions of the master minds of our profession cannot possibly occupy their "spare hours" more agreeably or more profitably than in carefully reading the "Spare Hour" labors of Dr. Brown. The book is simply charming, and *must* be read by all. The money spent in procuring it, and the time consumed in reading it, will never be regretted. It is not possible to recommend this book too highly.

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WHAT DID THEY THINK OF TUBERCULOSIS A HUNDRED YEARS AGO?

When in our modern times a new observation is made, we rarely inquire if it is really new. The old Sheik used to say: "There is nothing new under the sun; everything has been done once before." Esmarch's bandage was considered something new, but Prof. Maconi a hundred years ago made use of exactly the same process for the purpose of emptying the blood-vessels of blood, and Galen already did the same before amputations. For the last five to ten years the question of tuberculosis being a contagious disease has occupied the minds of many, especially before the discovery of the tubercle-bacillus. It was considered a new idea, and every physician participating in this controversy cited cases from his own practice to prove his assertion. All those will be not a little astonished when they read the following, which we translate from an article by Dr. I. Uffelman in the *Berlin Klin. Wochenschr.*, 83, p. 369:

Anno 1782, the medical advisers of the Supreme Board of Health—supremo magistrato di salute—at Naples, expressed to the board their view, that tuberculosis was a highly contagious disease. To these advisers belonged very illustrious physicians, as Cirillo, Cotagno, Dolce, Ruberte, etc. They induced the authorities to issue the following regulations:

1. Every practicing physician has to notify immediately the Board of Health whenever he has diagnosticated in any patient of his, pulmonary consumption—l'ulcera pulmonale. If he neglects to do so he has to pay a fine of about one thousand dollars; and if he neglects doing so a second time he is expatriated without appeal for a period of ten years.

2. Poor patients are immediately to be transferred to a hospital.

3. The directors of hospitals have to keep in a separate place clothing and linen intended for phthisical patients.

4. The authorities shall take an inventory of all clothing belonging to persons found phthisical, and after their death every piece of clothing must be produced again. Any violation of this rule to

be punished by imprisonment, or the violator to be sentenced as a galley-slave.

5. All movable articles not suspected of being infected are to be cleaned immediately; those infected to be burned or made innocuous otherwise.

6. The authorities have to have the room of the respective patient whitewashed, the floor, ceiling, and covering of the walls have to be renewed, the windows and doors to be burned and new ones put in their place.

7. New buildings cannot be occupied until a year after they are done.

8. Heavy punishment (galley slave, etc.), awaits those who buy or sell clothing of phthisical persons.

This remarkably rigorous law which placed consumption in one rank with the pest, had, as one may imagine, the severest consequences upon all private conditions. Broke the disease out in a family, it was considered the worst of all human misfortunes; lodging could not be rented for such a patient at any price, his relatives were avoided and became destitute and despairing. Contracts of rent contained scandalous conditions; houses in which a phthisical person died could never be rented again; many owners became totally poor.

This law was executed with a strictness unheard of at those times. But still more it must be considered remarkable that the law continued in force. In 1809 the same Board of Health asked once more its medical advisers if tuberculosis was a contagious disease, and though the opinion of the latter was divided, the law was kept in force and rigorously executed. Even in 1848 it was still carried out in all its former rigor, though since it gradually seemed to have declined, and why? Because consumption has nearly died out by that time in Naples; very few cases ever happened there, so that in one respect at least the law had its beneficial effect. But the time will not be far any more when the law, in a somewhat different form, will not only reappear in Naples, but in all civilized countries.

If we compare with this the question if tuberculosis is contagious, which some years ago was violently discussed also in our city, and if we remember how many boasted with their own "original" observations, the logical deduction is the advice that medical students should be taught a little more history of medicine. This may often prevent them from overesteeming themselves. In one of our future numbers we will prove how the present theory of micro-organisms as pathogenic causes was thought of and known over 150 and also over 1000 years ago.

CONCERNING THE URACHUS AND CYSTS OF THE URACHUS.

An article with the above title is contributed to *Virchow's Archiv.*, Bd. XCII. Hft. 3, S. 387, by Dr. J. B. Thetz. The paper is divided into two parts:

1. The ligamentum vesicæ medium and its epithelial cylinder (urachal canal).

2. Cysts of the urachus.

The results are based upon an exhaustive examination of the literature of the subject, reported cases, and personal examination. The results obtained in regard to the first subdivison, aided by the examination of seventy-four cadavers of various ages and races, are as follows:

1. The epithelial canal of the ligamentum vesicæ medium, in most instances, permits the entrance of a probe, out from the bladder, in its lower part.

2. At the entrance of the urachus there is usually found a small cross-fold which renders probing difficult, and during life prevents the penetration of fluid.

3. At the upper end of the epithelial canal the diameter of it, as well as of the muscular layer, diminishes.

4. A muscular layer is present under all circumstances above the epithelial tube.

5. The beginning of the tendinous character of the ligamentum vesicæ medium corresponds with tolerable regularity in children to half, and in adults to one-third of the distance from the umbilicus to the vertex vesicæ.

6. In extra-uterine life, a growth of the muscular layer, as well as of the epithelial canal, takes place.

The second portion of the paper, devoted to the

consideration of (a) small urachal cysts, and (b) large urachal cysts, furnishes the following conclusions:

1. All observed cysts have their situation in the lower third or fourth of the distance from umbilicus to bladder summit, and proceed from the normally persistent portion of the urachal canal.

2. The majority of the cysts contain strata, some few a single stratum only, of pavement epithelium.

3. All cysts possess a greater or less developed covering of smooth muscular fibres.

4. The size of these cysts varies from one that is microscopic to others the size of a bean.

5. Concretions in the urachal canal or in the cysts developed from it, appear but seldom, and those observed by him were composed of carbonate of calcium contained in organic ground substance.

6. Urachal cysts may become the seats of an inflammatory process.

Large urachal cysts are theoretically possible, but hitherto have not been proved anatomically to exist in men, the largest being one recorded by F. A. Walter (*Einige Krankheiten der Niere und Harnblase*, 1800, S. 38), which, as far as could be judged from the drawing, was 2.5 cm. long and 1.6 cm. broad; two smaller ones were also present. Many other recorded cases of large urachal cysts are not trustworthy.

A NEW ANTIPYRETIC.

Of late many new antipyretic remedies have been placed upon the market, but it has been found that they seemed to be of effect only at the home of those who first recommended them. Professor Filehne, however, of Erlangen, has now made us acquainted with a new remedy, which is really an antipyretic. Its name is Kairin, and its chemical composition can be guessed from the fact that chemistry, which detected this remedy, and introduced it as a substitute for quinine, calls it oxy-chinolin-methyl-hydride. Its dose is from 3 to 15 grains; usual dose 8 grains. This dose is given every two hours until the temperature has been reduced to near the norm, when the smaller dose is administered in longer intervals.

During the last meeting of the Berl. Medicin. Gesellsch., Prof. Ewald reported his experience with Kairin, which coincides with that of Filehne. After one or two doses, the temperature of a phthisical patient was reduced from 104° to 99°. The remedy possesses some peculiar properties. If it is omitted totally after reducing the high temperature, the latter soon ascends again with a chill, which sometimes is very violent. To prevent this the remedy must be continued after it has achieved its object, but in a much smaller dose. If the larger dose is still administered, then the temperature declines rapidly below the norm, and even dangerous symptoms appear; but if the remedy is still administered in smaller doses, the chill is overcome and the temperature increases slowly. When near its former height, the large dose is again had recourse to. What constitutes in the single individual a large and a small dose, has to be determined the first day by careful observations. Filehne recommends that the first day the temperature should be taken regularly every hour, until the largest as well as the smallest dose of Kairin necessary in the individual case to reduce to and keep the temperature at the norm is determined. The dose, determined in such a manner, will hold good during the whole case; *i. e.*, if it has been observed on the first day that 8 grains are sufficient to reduce the temperature to the norm, and 3 grains to keep up this decline and to prevent the chill, the same doses will have the same effect all through the disease.

Should further observations prove the invariable reliability of Kairin as an antipyretic, this remedy would be a very valuable addition to our therapeutics, and that it will do so cannot be doubted from the uniform results gained by the high authorities mentioned. So far we had besides cold water and an active diaphoresis—measures which cannot always be resorted to—only quinine, upon which we could rely for reducing the temperature. But in most inflammatory and infectious diseases, quinine for such a purpose is contra-indicated, as its dose must be 20

or 30 grains at least, and besides a long time generally elapses (5 to 8 hours) before this reduction of temperature (which except in malaria never amounts to more than 2 or 3 degrees Fahr., anyhow) becomes apparent. In Kairin we would possess a remedy never contra-indicated; a comparatively small dose is sufficient for the purpose of reduction, and a very small dose to keep up the reduction, and its effect is rapid and certain. We know very well that often a valuable life might be saved were we able to reduce the high temperature for a number of hours—we only need to think of sunstroke. We hope that it will not be long till the remedy is brought to our country.

FIRST IDEA OF THE TELEPHONE.

The following lines, brought to the attention of M. de Parville by Prof. Egger, are extracted from the book "Incredulité et Mescreance du Sortilège," by P. de l'Ancre, published at Paris in 1662. De la Divination, 5 teme traité:

"It is reported that a German communicated to King Henry the Great an astonishing secret, through which men far apart might understand each other by means of the magnet. He first rubbed together (frotta) two magnetic needles and then attached them separately to two clocks, about the dials of which were written the twenty-four letters of the alphabet. When one needle was moved to a letter of the alphabet the other, no matter how far away, moved to the same letter. The King perceiving how dangerous the secret might become in transmitting information to besieged cities, forbade its publication."

NOTES AND COMMENTS.

Dislocation of the Knee and of the Hip.

In the *Brit. Med. Jour.*, July 7, 1883, Dr. J. W. Hulke reports an interesting case: A man aged 44 sustained a compound dislocation of the tibia and a simple dislocation of the femur. Suppuration set in in the knee-joint, amputation was performed, but in spite of it the patient died exhausted. This afforded the rather unusual opportunity of studying the pathology of dislocations of the femur.

At the inner side of the left buttock was an ulcer, from which a sinus extended through a ragged hole in the glutæus maximus, of the size of a sixpence, near the ischial tuberosity, to the hip-joint. In the substance of this muscle were several extravasations of blood, varying in size from that of a pea to a chestnut, and the space between this and the deeper muscles about the joint was filled with a grumous fetid fluid, composed of pus, broken-down clot, and gangrenous muscle-fibre.

The two other gluteal muscles and the pyriformis were uninjured by the accident, but shared in the inflammatory softening which involved all the muscles around the joint. The obturator internus and the gemelli were lacerated, but they were not torn through, as was also the obturator externus. All these last-named muscles were extremely softened, so much so that much of their tissue could be washed away by a stream of water. The quadratus was entirely ruptured. In the inferior and posterior part of the capsular ligament of the hip-joint was an extensive laceration, crossed, and divided into two parts by the tendon of the obturator externus. The femoral attachment of the ligament had been torn from the bone, leaving only there a fringe of its synovial membrane about a quarter of an inch broad, whilst its attachment to the acetabulum had been preserved. The ligamentum teres was ruptured, and through the laceration in the capsule the head of the femur could be easily slipped out of the acetabulum beneath the lower border of the obturator internus on to the dorsum, then resting there on this muscle and on the pyriformis.

A Peculiar Gun-Shot Wound.

Dr. A. S. Mallins reports this case in the *Brit. Med. Jour.*, April 14, 1883:

During the engagement which followed the successful surprise of the village of Suppri, on the northwest frontier of India, on February 15, 1878, a sowar of the Queen's Own Corps of Guides was struck by a bullet in the back. I saw the man, who was but two or three yards from me at the time, stagger, and expected to see him fall. He remained standing, however, and called out to me that he was wounded. Having given directions to the hospital-assistant as to his disposal, and mentally noting that the wound could only be a slight one on account of his being able to walk down a steep hillside with but little help, my attention was soon directed elsewhere. Some hours later, when the force had recrossed the frontier, and I could make a detailed examination of the

wounded, I found the sowar above-mentioned in bed, lying on his back, with his legs drawn up, and his face expressive of acute suffering. My first impression on seeing him in this state was, that the bullet had penetrated the abdominal cavity. There was not, however, the marked collapse usually attending so grave an injury. The bullet had penetrated the lumbar muscles on the right side of the spine, an inch from the middle line. Having stripped the abdomen with a view to a careful examination, as my fingers passed over the hepatic region, a slight prominence was encountered, of such firm consistence as to at once lead to the conclusion that it was the bullet. A small incision over the spot was at once made, and a round bullet extracted, to the great delight of the patient, and the immediate relief of his suffering. Both wounds healed in a few days without any suppuration of the track made by the bullet. In this case, a round bullet, traveling most probably with slight velocity, was deflected by the lumbar fascia, and very nearly made the half circuit of the body, as the site of extraction was two inches from the middle line in front, immediately below the false ribs.

Spirit. Nitri Dulcis of Our New Pharmacopœia.

Sweet spirits of nitre is a remedy employed very frequently. Its cooling and diuretic effect, especially in the fevers of childhood, is so well known that in such diseases this drug is often made use of even without the advice of a physician. Many families are, however, not aware of the fact that while the sweet spirits of nitre, when largely diluted with water, is a comparatively innocent remedy, its inhalation, when undiluted, and especially when old, is often attended with danger, and under all circumstances unhealthy. In this respect the remedy is analogous to carbonic acid.

Our new Pharmacopœia has altered the former method of preparation of this drug, but has undoubtedly improved it. According, however, to H. B. Parsons (from whose article on the subject in No. 23, 1883, of the Deutsch. Apoth. Zeit., we translate the following): The new preparation has one defect, as not all the alcohol, but only about half of it, is changed into ether. In consequence of this, the new method of preparation makes the remedy a very expensive one. By simply employing a larger quantity of nitric acid, this rather important defect may be remedied.

If alcohol is mildly heated with strong nitric acid, a part of the alcohol becomes oxidized, and forms acetic acid, while a corresponding quantity of nitric acid is changed into nitrous acid:

C_2H_5OH (Alcohol)$+2HNO_3$ (nitric acid)$=HC_2H_3O_2$ (acetic acid)$+2HNO_2$ (nitrous acid)$+H_2O$ (water).

If the nitric acid is not concentrated and the heat not too great, instead of acetic acid aldehyd is formed:

C_2H_5OH (alchol)$+HNO_3$ (nitric acid)$=C_2H_4O$ (aldehyd)$+HNO_2$ (nitrous acid)$+H_2O$ (water).

The nitrous acid, however, in statu nascendi reacts immediately upon another molecule of alcohol and forms nitric ether.

C_2H_5OH (alcohol)$+HNO_2$ (nitrous acid)$=C_2H_5NO_2$ (nitric ether).

In this manufacture, certainly, the commercial nitric acid is employed, as it possesses less strength than that directed by the pharmacopœia. Instead of a 75 per cent. acid an equivalent quantity of an acid of about 65% is made use of. In this procedure comparatively little acetic acid is produced, as the first main reaction consists in the formation of aldehyl and of nitrous acid, as the second formula shows.

As a basis for calculations, the following condensed formula may, with satisfactory certainty for general purposes, be employed:

$2\,C_2H_5OH$ (alcohol)$+HNO_3$ (nitric acid)$=C_2H_5NO_2$ (nitric ether)$+C_2H_4O$ (aldehyl)$+2\,H_2O$ (water).

Cystotomy in Subacute Cystitis.

Dr. George Elder had a case of subacute cystitis in a female aged seventy-two, which resisted all ordinary treatment. For months she had been under medical attendance. There was incontinence of urine, accompanied with frequent desire to micturate, vesical tenesmus, dysuria, and constant burning hypogastric and vulvar pain. The calls to urinate were so frequent that it was impossible to obtain a night's rest. The vulva and contiguous skin were excoriated, and the seat of intense pruritus. There was considerable constitutional disturbance and declension in health. The urine was rather scanty, specific gravity 1018; offensively ammoniacal, and depositing abundantly pus and ropy mucus. Microscopic examination in addition showed the presence of pavement and cylindrical epithelium, a few fibrinous casts and phosphates. Under ether a vesico-vaginal fistula was made and a winged catheter, attached to a long piece of rubber tubing, was inserted.

The rest given to the inflamed viscus by drainage combined with injections, first of a solution of hyposulphite of soda, and afterwards dilute nitric

acid combined with quinine internally, and acidulated drink *ad lib.*, soon effected a change for the better in her local condition.

She ultimately made a perfect recovery, and the fistula healed entirely. The case is reported in the *Lancet*, July 7, 1883.

The Combined Use of Thomas's and Furneaux Jordan's Laminated Splints.

After discussing their merits, in the *Brit. Med. Jour.*, July 7, 1883, Dr. E. Stanmore Bishop concludes that the advantages to be gained by the combination of the two splints are :

1. It becomes possible so to lighten the weight of Thomas's splint that it can easily be borne by the weakest patient; and the weight of the laminated plaster is so inconsiderable, and so diffused over a large area, that the combined splints weigh about half the amount of an ordinary Thomas's splint, made after the original directions.

2. Whilst the Thomas's splint supplies the requisite impediment to flexion and extension of the hip, the laminated plaster supplies the firm grip of pelvis and limb, and forms an admirable *point d'appui* for any attempt at adjustment, in cases of fracture.

3. The combination permits of a more certain fixation of Thomas's splint itself, in any desired position; and renders it not merely a safeguard against flexion and extension, but a very certain appliance for remedying excessive rotation, either external or internal.

Of course, the patten on the opposite foot, the crutches, etc., are equally necessary, as they would be with the Thomas's splint alone.

Therapeutics of Napelline.

In the *Journal de Therap.* June 10, Dr. Laborde offers the following conclusions in reference to napelline :

1. That it possesses physiological properties which, while approaching in their fundamental characteristics to those of crystallized aconitia sensibly differ from this, both in their much less activity, and by hypnotic and somniferous effects which do not belong to it.

2. That this new product is consequently more manageable in practice, without giving rise to alarming accidents.

3. It may therefore be employed in subcutaneous injections in doses of one, two, three, or four centigrammes, whether given at once, in divided doses, or at very short intervals, producing real therapeutical effects without causing any appreciable physiological or toxical effects.

4. Its effects are chiefly manifested in local painful affections—especially in neuralgias—and in excessive excitability of the nervous system, with persistent insomnia.

Sore Throat and Albuminuria.

There are many authorities who contend that the simplest form of sore throat is a mild diphtheria—that even the most innocent case of the former disease is accompanied by a contagion, giving frequently rise to severe cases of diphtheria, and that in either case micro-organisms are the pathogenic cause cannot be doubted. Dr. Laure (Deutsch. Med. Zeit., 1, '83,) has published a series of cases where sore throat was complicated by albuminuria. Such observations have recently also been made by the great clinician Leyden, who noted nephritic disturbances and even paralysis following simple sore throat where diphtheritic patches had not been present. Laure supposes that in his cases there existed a catarrhal co-affection of the kidney-epithelium. It is also possible that the complication was a so-called elimination-nepritis, viz., in most infectious diseases, in consequence of the obstruction to the circulation by the microbes filling up the lumen of the capillaries, further due to the disturbed process of filtration in the glomeruli and the altered blood-pressure, first congestion and then inflammation of the kidney ensues, causing the presence of albumen and tube casts in the urine. It follows that we should pay attention to the kidneys even in the simplest case of sore throat.

Note on Disinfectants.

In the *British Medical Journal*, June 30, 1883, Dr. W. E. Buck writes :

Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boro-glyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The

granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.

The Benzoates and Uric Acid.

In our issue of June 2, p. 615, we noted that Dr. Garrod believed that the benzoates would cause the disappearance of uric acid from the urine. Now, Dr. Edmund Alleyn Cooke (*Brit. Med. Jour.*, July 7, 1883,) says of some of his own observations:

"The results of the above experiments seem to point to the fact that the uric acid is not destroyed by benzoic acid, but exists in a state of combination (it may be as a compound acid), and when this combination is evaporated with nitric acid it gives no murexide with alkalies, and when it is precipitated by zinc sulphate solution, the uric acid combines with the zinc oxide. And the last experiment seems to demonstrate that an alkaline solution containing soda and potassa is capable of really destroying uric acid if kept at a temperature of 98° Fahr., even without the presence of benzoic or hippuric acids, probably by oxydation. This was a discovery of Schunk, who found the products of decomposition to be oxaluric acid, and finally urea and oxalic acid; and Dr. Basham has noticed that this takes place in the animal economy when potash salts are administered, coincidently with the diminution of uric acid."

Infantile Constipation.

For obstinate infantile constipation and its consequent derangements, Dr. T. M. Lownds says, in the *Lancet*, July 7, 1883:

I would suggest the trial of pepsine wine, about five drops given with each meal of milk and water. I have found it best to dilute the milk at first with twice its volume of water, sweeten with sugar of milk, and give the pepsin wine in a teaspoonful of the milk and water separately, either just at the commencement or in the middle of the meal. I have always found this abolish curdy stools and constipation in young children.

For the same condition, Dr. John P. Hamilton recommends milk diluted one-half, and to each ordinary bottle add one or two teaspoonfuls of Dinneford's fluid magnesia. The abdomen should be well rubbed with oil two or three times daily, and night and morning one teaspoonful of cold water or more given if the infant will take it freely. During the first fortnight after the treatment is commenced it would be well to give each second night half a grain of leptandra.

While still another correspondent has found good results from the use of compound liquorice powder.

The Presence of Bacillus Tuberculosis in an Abscess Near the Anus.

Dr. Robert C. Smith writes in the *Brit. Med. Jour.*: Six months ago, a young clerk, aged 21, came under treatment for hæmoptysis and other signs of phthisis. After about three months' treatment, he become strong enough to resume his employment, at which he continued up to the commencement of this month. I saw him on the fifth, when he was suffering acutely from an abscess in the neighborhood of the anus; and, fearing lest it might burst into the bowel and give rise to a painful blind internal fistula, I opened the abscess at once and let out a quantity of thin, curdy, fœtid pus. A microscopic examination of this fluid by a half-inch object-glass, after the usual process of staining, revealed the presence of great quantities of well-marked typical tubercle-bacillis. Now, the presence of these organisms in this situation is interesting, as they tend to throw some light on the well-known connection between fistula and phthisis.

An Extremely Complicated Case of Cicatricial Contractions from Burns.

Dr. Alfred C. Post reports such a case in the *N. Y. Med. Jour.*, June 23, 1883, and he enunciates the following practical suggestions:

The treatment of a complicated case of cicatricial contractions, must necessarily be extended over a long time. The contracted parts must be very freely divided at many points through the whole thickness of the cicatricial tissue, and the parts must then be stretched as far as possible in a direction opposite to that of the deformity, and maintained in that position during the healing of the wounds and for a long time afterward. By perseverance in this course for a sufficiently long period, paying constant attention to the most minute details of the treatment, the case may be conducted to a successful issue. And, if the patient be careful to practice active and passive movements of the affected parts to a sufficient degree, the tendency to a recurrence of the deformity, and of the rigidity of the parts, will be finally overcome.

Statistics of Resection.

From the *Boston M. and S. Jour.*, April 26, 1883,

we learn that Angerer* gives the following figures as the results of sixty-three resections (eighteen, of the knee, seventeen of the hip, elbow sixteen, wrist seven, ankle three, shoulder two): twelve subsequently underwent amputation, fourteen died (ten of tuberculosis, one amyloid degeneration, one ulcerative endocarditis, one carbolic-acid poisoning, one tetanus), twenty-four recovered with useful limbs. Of the sixty-three cases, fifty-eight were for chronic fungous disease of the joint. The dressing after the operation was gauze prepared with corrosive sublimate. The cases treated with iodoform appeared to do well, but the writer was unable to say whether the length of the after-treatment was shortened or not by that dressing.

Hot Water Irrigations in Puerperal Hemorrhage.

This method consists, according to M. Richter (*Berl. Klin. Woch.*), in the passage into the uterine cavity of a current of water at a temperature of 40° centigrade. The canula should be introduced on the finger of the accoucheur within the os, and there should be a free issue for the liquid injected, hence the value of a double tube. Before commencing the irrigation, the uterus should be emptied as far as possible by pressure and otherwise of all coagula and shreds of membrane, etc. Then a small dose of ergot by the mouth, or ergotine in hypodermic injection. Finally, the irrigation of water should bear directly on the internal parietes of the uterus, and be continued for from five to eight minutes. The arrest of the hemorrhage is often instantaneous.

Liniments in Muscular Rheumatism.

The following preparations are recommended in a recent issue of the *Gazette Médicale de Paris:*

℞. Saponis, ℥ iss.
Ætheris acetic, ℥ j.
Camphoræ, ℥ j.
M.

Or,

℞. Tr. aconit. rad., m. l.
Ung. simplicis, ℥ j.
Misce bene et adde.

℞. Chloroform, ℥ iss.
Morphiæ hydrochlorat, gr. ½.
M.

Periodicity of Hepatic Accidents.

M. Cyr, in a recently-published memoir (*Arch. gen. de Med., Mai*, 1883), reports about forty cases of hepatic disease where the dominating symptoms, such as vomiting, jaundice, and particularly the painful attacks, recurred at certain fixed intervals. In some cases the attack was quotidian, in others the intervening interval was of longer duration. As quinine proved unsuccessful in the treatment of such cases, and the cure by Vichy water and the alkalies gave the best results, it would appear that the periodicity of the attacks was of hepatic and not of malarial origin.

Fatty Transformation of the Kidney.

Dr. Edwin Rickards contributes an illustrated article to the *Brit. Med. Jour.*, July 7, 1883, detailing a case in which one kidney was completely changed into fatty tissue, while the contour and general external appearance of the organ remained intact. His case demonstrates well how long life may be maintained, even when extensive renal alteration has taken place; for the patient, who had been complaining for some years, only entered the hospital on the morning of the day on which he died.

Acute Rheumatism as a Premonitory Sign of Phthisis.

Basing his observation on four cases, Dr. John Alfred Austin (*Lancet, July* 7, 1883,) asks whether acute rheumatism may not often be due to commencing phthisis, to a tubercular deposit in the synovial membranes, setting up inflammation. His cases are too few to formulate any rules of kinship, but his suggestion is worthy of more extended observation.

A New Soap.

Carl V. Petraeus, of this city, has taken out the U. S. patent 269,823 for the manufacture of a soap consisting of the farina of corn, muriatic acid, water, and ethereal oil. The soap is said to be splendid, always uniform, and its manufacture to cost nothing almost.

Dysmenorrhœa Mixture.

Iodide of potassium	2 drachms.
Sulphate of iron	1½ "
Distilled water	2 ounces.
Tincture of cardamom	4 drachms.
Syrup of ginger	12 "

Mix; dose, a teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.

Depressed Fractures of the Skull.

In the *Brit. Med. Jour.*, July 7, 1883, are reported two cases of compound depressed fracture of the skull, with injury of the brain, in which recovery took place without trephining.

*Centralblatt f. Chir., No. 44, 1882.

CORRESPONDENCE.

Another Warning Against the Indiscriminate Use of Medicine by the Laity.

EDS. MED. AND SURG. REPORTER:—

I was called Monday noon, July 16, to see Mrs. R. E. I at once responded to the call, and found my patient almost in articulo mortis, and obtained the following history:

On the preceding Friday, feeling as if she needed a movement of the bowels, she began by taking two of what are known as "Schenck's Pills," and on not getting the desired effect, she took some more—just how many more I could not ascertain. This dose not having the effect desired, she commenced on Saturday to take "Atwood's Bitters," taking several tablespoonfuls. Not waiting for these to do the work, on Sunday she took during the day seven tablespoonfuls tr. rhei, and not being satisfied with the amount of catharsis produced, and finding a bottle of homœopathic pills in the house, she took Monday morning all but one from a bottle containing one hundred pills.

On reaching my patient, I found her in an al-almost dying condition, pulse extinguished in one wrist, face covered with a cold sweat, bronchia filled with mucus, persistent attempts at vomiting, œdema of face, neck, and hands—in fact, all the symptoms of poisoning by arsenic. I called my colleague, Dr. C. F. George, as counsel, who agreed in the diagnosis and also the prognosis, which was "no chance at all." It is probable that the pills were "arsenicum," although there was no mark on the bottle by which we could determine.

The lady continued in this condition for twenty-four hours longer, and died. The filling up of the mouth and bronchia by mucus prevented much internal treatment, which was active stimulation by whiskey, carb. ammonia, digitalis, etc.

How much better for this woman to have called some one who had spent time and money to learn how to give medicine, than to try and take drugs of which she knew nothing.

Many a death has resulted from this practice of self treatment, and although this is a case where a person ought to have known better, yet the moral is the same—better let your physician give you what drugs you need.

FRANK BLARSDELL, M. D.

Goffstown, N. H., July 26, 1883.

Placenta Prævia—Queries.

EDS. MED. AND SURG. REPORTER:—

After reading the article upon placenta prævia in the REPORTER of July 14, I felt disposed to ask the following questions:

What curative effect in the case of Mrs. G., had the "placing of clean napkins against the vulva?"

Are not the hemostatic properties of a tampon greater when introduced dry than wet?

Is not the hemorrhage occurring before labor actually begins apt to be self-limiting, or at most readily controlled by posture and non-heroic means?

Can the deductions of three cases prove beyond doubt that the use of local astringents is "sheer folly, and irrational?"

As each case of placenta prævia is a "law unto itself," would it not be rational to leave the management of each to the attending physician, who is *presumed* to be competent, even though it be his first case of the kind?

What was the pathological lesion in "abscess of the heart" from which case 2 finally made such good recovery?

The writer has had but two cases of the sort, and craves further light, and would be pleased to see the above answered through the REPORTER.

G. W. JOHNSON, M. D.

Savanna, Ills., July 21, 1883.

NEWS AND MISCELLANY.

Carlyle's Triumph Over Difficulties.

In a strong and entertaining view of Carlyle's life and character, John Burroughs says, in the Midsummer (August) *Century:* "Carlyle owed everything to his power of will, and to his unflinching adherence to principle. He was in no sense a lucky man, had no good fortune, was borne by no current, was favored and helped by no circumstance whatever. His life from the first was a steady pull against both wind and tide. He confronted all the cherished thoughts, beliefs, tendencies, of his time; he spurned and insulted his age and country. No man ever before poured out such withering scorn upon his contemporaries. The opinions and practices of his times, in politics, religion, and literature, were as a stubbly, brambly field, to which he would fain apply the match and clear the ground for a nobler crop. He would purge and fertilize the soil by fire. His attitude was at once, like that of the old prophets, one of warning and rebuking. He was refused every public place he ever aspired to—every college and every editorial chair. Every man's hand was against him. He was hated by the Whigs and feared by the Tories. He was poor, proud, uncompromising, sarcastic; he was morose, dyspeptic, despondent, compassed about by dragons and all manner of evil menacing forms; in fact, the odds were fearfully against him, and yet he succeeded, and succeeded on his own terms. He fairly conquered the world—yes, and the flesh and the devil."

Mineral Waters in France.

According to a statement supplied by the Minister of Public Works to the Académie de Médecine, it appears that there are 1027 mineral springs in France, of which 357 are alkaline, 318 sulphureous, 215 saline, and 136 ferruginous. With regard to temperature, 641 are over 59°, and are classed as "thermal" springs, the rest being under and classed as cold springs. The departments which possess the most are the Puy-de-Dôme (Royat, Mont-Dore, etc.), with 94; the Ardèche (Vals), with 77; the Vosges (Plombières, Contrexéville, Luxieul, etc.), with 76; the Ariège (Aulus, Ax Ussat, etc.), and the Pyrénées Orientales (Amélée-les-Bains, Le Boulou, Vernet and La Preste), with 69 each; and the Hautes-Pyrénées (Bagnères de Bigorre, Caprern, Cauterets, Barèges, St. Sauveur, etc.), with 64. The num-

ber of persons who took the waters in the Hautes-Pyrénées last season was 44,476, and the departments which received the next greatest number of bathers and drinkers were the Puy-de-Dôme (18,619), the Allier, in which is situated Vichy (16,430), the Haute-Garonne (14,230), and the Landes (12,954). The total outflow of all the mineral springs in France is estimated at 10,334 gallons per minute.

Recent Outrages on the Western Coast of South America.

From the *Med. Times and Gaz.*, July 7, 1883, we note that an account published by Admiral Aurelio Garcia y Garcia, late General Secretary to the Peruvian Government, though probably in its entirety somewhat *ex parte*, may be worthy of passing notice to our readers. According to the Admiral, the conquerors invaded even the literary repositories of the capital, and despoiled them of their precious contents. The National Library, the best in South America, containing 300,000 volumes, and that of the University of St. Mark, in its different branches of jurisprudence, medicine, political economy, mineralogy, chemistry, etc., have all been pillaged to such an extent that not a single book remains, while the book-cases have been broken up for packing-cases. The victors also took and shipped off to Chili the instruments belonging to the astronomical observatory; the machinery, laboratories, and apparatus of the Medical College, and those for teaching arts and industries; and in the course of the contingencies of the campaign, the buildings of the University, the Library, and the Colleges, were used as military barracks and stables.

The Sewerage of Brighton.

Nearly a year ago we made mention of the warfare between the London *Lancet* and the corporation of Brighton in reference to the sewerage of that celebrated resort. We now note that the Borough Surveyor has reported to the Works Committee of the Town Council with reference to the recommendations of Sir Joseph Bazalgette as to the sewerage of the borough, that the recommendations, so far as they relate to matters under the control of the Town Councils, have been carried out, and that some other alterations to the sewers in points of detail have also been effected. A Town Councillor has given notice that he will move—"That the Sewers Board be required to inform the Town Council whether they have carried out any, and if so, which, of the recommendations contained in the report of Sir Joseph Bazalgette relating to matters under their control; and whether the Board propose to take any measures with respect to such of those recommendations as have not yet been acted upon."

A Good "Bill."

Lord Dalhousie's Bill, recently introduced into the English House of Lords, deals with a pressing evil. The Bill takes the form of an amendment of the Factories and Workshops Acts, and provides that no room or place shall, in future, be occupied as a bakery unless at least one-half of its height be above the level of the street or the adjoining ground; that no water-closet, earth-closet, or ashpit shall be within or communicate directly with a bakehouse; that any cistern for supplying water to a bakehouse shall be separate and distinct from any cistern for supplying water to a closet; and that no drain or pipe for carrying off sewage matter shall have an opening within the bakehouse. Sanitary legislation is daily receiving more and more deserved attention in England.

A "Slink" Butcher.

This is what they call them in Brighton, England, the magistrates of which town have just sentenced a butcher, living in the country, but having a stall in the Brighton Market, on which the carcase of a pig affected with disease was found, to a fortnight's imprisonment, without the alternative of a fine. The defendant pleaded that he was not aware that the meat was bad, but, as the magistrate remarked, it was a professional butcher's duty to know the state of the meat in which he dealt. The poor are the "slink butchers'" customers. Cheap meat attracts them, and they think inferior quality meat is better than "no meat at all." This is a good example: let us rapidly follow suit.

Yellow Fever.

Dr. Dominigos Freire, appointed by the Brazilian Government to investigate the nature and cause of yellow fever outbreaks, has reported some of his researches. He has found in the soil of cemeteries where yellow fever subjects have been interred, myriads of microbes identical with those seen in the vomit, blood, and urine of patients suffering from the fever, as well as vibriones in rapid motion. Dr. Freire believes that, after passing through the porosities of the earth, these germs disperse themselves in the atmosphere, whilst others are carried by storm rains to the towns, and there provoke epidemics of the disease. He proposes that the bodies of all persons who die of yellow fever be cremated.

Stumbling Blocks.

General Lord Wolseley recently delivered an address to the students of Charing-Cross Hospital Medical School (*Med. Times and Gaz.*, July 7, 1883), in which he said:

"If you find difficulties in your way, as every man does, you must remember that difficulties are only made for brave men to encounter and overcome. It is the weak-hearted and poor-hearted who, when they have had a bad fall in their race, get disheartened and do nothing. The brave men and the sturdy men look on the fall or misadventure as something to be laughed at, and something in the way of an instructive lesson with regard to their future conduct in life."

Proverbs to Suit the Times.

An editorial in the August *Century* aptly says:

"'If you want a thing done, do it yourself.' Musty and stale seems that ancient philosophy. The corner-stone of modern civilization is a maxim that exactly reverses the ancient apothegm. 'If you want a thing done, get somebody else to do it.' This is the law of the large system of indus-

try, the foundation of all the great fortunes. The power of commanding the services of others, of laying tribute on the farms and factories, the brain and the sinew of your neighbors, was never more coveted and never more effectually employed than at this day."

Preponderance in Sexes.

According to Mr. Gosselin, Secretary to the British Embassy, Berlin, in an official report he shows that London, in comparison with other cities, stands pre-eminent in the preponderance of females, the proportion being as 113.7 to 100. On the other hand, in Paris, in 1876, there were only 88.5 females to 100 males, in St. Petersburgh (1881) 80.8, and in Rome (same year) 79.5.

British Hospital at Jerusalem.

A meeting was recently held at the Jerusalem Chamber, Westminster Abbey, in furtherance of the objects of the British Hospice and Ophthalmic Dispensary at Jerusalem, which is under the management of the Order of St. John of Jerusalem. The annual report stated that the average daily attendance was eighty, comprising the poor of all nationalities and religions.

Potted Meat.

A dealer in potted meat in Bradford, England, has been committed to prison for two months, for preparing for food thirty-six pounds of horseflesh. He purchased a quantity of cat's meat at a penny per pound, and an inspector found it stewing in a pan with a few pounds of pigs' heads.

Proposed Health Exhibition in Manchester.

The exhibition recently held in London under the auspices of the National Health Society, having been attended with great success, it is proposed to hold in Manchester in July, August, or September next a similar exhibition.

Errata.

In No. 49, July 14, 1883, for "abscess of the heart," read *abscesses of the breasts.*

Items.

—A Municipal Laboratory of Hygiene has been established at Lisbon.

—It is stated that the "lawn-tennis elbow" is the latest malady the doctors have found out.

—Two hundred and sixty-seven medical works were published in Japan in the Japanese language in 1881.

—It is stated that in the whole of Russia there are not more than about 14,000 doctors properly so-called.

—Dr. H. M. Nash, of Norfolk, Va., reports a fatal case of Bright's disease, in which dysuria was the only marked symptom.

—There are 1186 Fellows of the Royal College of Surgeons of London, of which number 621 obtained the distinction by examination.

—A journal has been started in New York called *The Undertaker's Assistant.* Why not call it *The Physician* at once?—*Texas Siftings.*

—Dr. Biedert reports a case of senile hypertrophy of the prostate gland cured by electrolysis. He introduced a needle electrode protected nearly to the point, and armed it as a cathode.

—Dr. L. S. Foster, Norfolk, Va., reports a case in which, by mistake, six drachms of chloral hydrate and five drachms of bromide of potassium had been taken during one night. The patient recovered without treatment.

—The Baly medal for physiological research has this year been awarded by the College of Physicians to Dr. Brown-Séquard. It will be remembered that the last recipient of this medal was no less a person than Charles Darwin.

—Dr. Gibb recommends the use of bromide of ammonium to those who suffer from obesity. When taken in small doses it will absorb fat, and diminish the weight of the body with greater certainty than any other known remedy.

—Mr. Spencer Wells has completed his one thousand cases of ovariotomy. Seven hundred and sixty-nine of them recovered. In the earlier part of his career, the mortality was thirty-four per cent., later it fell to three per cent.

—The Chicago College of Physicians has been sued by a student who was promised a graduate's diploma at the end of one year's study. The faculty declines to keep the agreement, which was made, they say, by an individual teacher.

—A Madrid telegram states, on the authority of the Spanish Consul at Suez, that twenty-one pilgrims have died of cholera on the road between Mecca and Medina, and that there are daily ten deaths from the same epidemic at Medina.

—Dr. Keyes relates two very interesting cases of the passage of gas with the urine, when there was no vesico-intestinal fistula, where both the gas and urine were sweet and inodorous, there being no evidence of decomposition of the urine.

—The monks of St. Bernard only gave coffee to travelers. It is said they observed that the effect of sudden cold upon such as had taken alcohol, was at times to produce immediate intoxication, and in all cases to diminish the power of resisting cold.

—A little roughly-powdered carbonate of ammonia sprinkled around the door-posts and on the floor about the legs of show-cases, etc., effectually prevents the urinary operations of perambulating curs. They don't wait for a second sniff, but take it for granted that a hyena, or something strong, is in the neighborhood.

—During the year 1880 no fewer than 19,060 human beings and 2,536 cattle are reported to have been killed in India by snakes; in 1881 the numbers fell to 18,610 human deaths, and 2,032 head of cattle lost. In 1880, the number of snakes reported as killed was 212,776; in the following year it reached 254,968.

—While a doctor was visiting a woman in Rowlandsville, Pa., two children poured a pint of molasses into his silk hat, which he didn't notice till he put the tile on his head. Language cannot describe his feelings, but it is said that he will petition the next legislature to pass a bill making it a criminal offence for a child to be born under twelve years of age.—*Norristown Herald.*